

### Feline Behavior History Form

Carolina Veterinary Specialists

Voice: (336) 632-0605, Fax: (336) 632-0703

INSTRUCTIONS: Please fill out pages 1-7 giving as much relevant information as possible and bring it with you to the appointment. In addition, if the cat is urinating or defecating outside of his or her litter box please fill out page 8.

Date: \_\_\_\_\_ Recorder: \_\_\_\_\_

Who is your regular veterinarian?

Dr: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of the cat: \_\_\_\_\_  
Breed: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Age of cat now:

Age obtained:

Weight:

Sex:

Color:

Spayed/Neutered:

Age of neutering:

Reason for neutering:

Any behavioral changes following neutering?

Has the cat been declawed?

At what age?

**Behavior History-Feline**

Behavioral changes after declawing?

Any medical problems?

Any current medications (please include dose if known)?

**THE PROBLEM(S)**

WHAT IS PROBLEM 1? (please discuss in more detail in the section below)

Age of onset:

Duration of each incident:

Frequency of occurrence:

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which seem to trigger the behavior?

Can the cat be interrupted when engaged in the behavior?

How long is the interval between the behavior stopping and the beginning of the next occurrence?

**Behavior History – Feline**

Describe any methods used to stop the behavior and the cat's response to these methods:

Please give a detailed description of the problem (continue on back of page, if necessary):

1. Most recent incident: (Date: \_\_\_\_\_ )

2. Second last incident: (Date: \_\_\_\_\_ )

3. Third last incident: (Date: \_\_\_\_\_ )

**WHAT IS PROBLEM 2 (if applicable)?**

Age of onset:

Duration of each incident:

Frequency of occurrence:

**Behavior History – Feline**

Have there been any changes in the pattern, frequency, intensity and/or length of the incidents from the time of onset to the present?

Are there any specific conditions which trigger the behavior?

Can the cat be interrupted when engaged in the behavior?

How long is the interval between the behavior stopping and the beginning of the next occurrence?

Describe any methods used to stop the behavior and the cat's response to these methods:

Please give a detailed description of the problem (continue on back of page, if necessary):

1. Most recent incident: (Date: \_\_\_\_\_ )

2. Second last incident: (Date: \_\_\_\_\_ )

3. Third last incident: (Date: \_\_\_\_\_ )

**Behavior History-Feline****CAT'S HISTORY:**

Where did you get the cat from?

Do you know if the cat's parents or siblings engaged in similar behaviors or any other abnormal behaviors?

How would you describe your cat's temperament (circle where appropriate)?

calm hyperactive timid anxious/nervous shy aloof affectionate

other (describe):

List people living in the house with the pet, include children's ages:

Has the cat ever changed owners?

Has the cat ever moved house?

List other animals in the household, their species, breed, age, sex and whether or not they are neutered, please note which of these animals were living in the house when this cat was acquired:

Describe interactions between pets in the household:

Do the animals eat together?

Describe interactions between cat and family members:

**Behavior History-Feline**

Has any human or pet to whom the cat was bonded left the home?

Did this coincide with the onset of any of the problem behavior(s)?

Did any of the problem behavior(s) coincide with the addition of a new animal or human to the household?

Is the cat primarily an indoor or outdoor pet?

Was the cat previously allowed to go outside but is now restricted to being indoors (or vice versa)?

How does the cat react to other cats outside the house?

1. When the cat is indoors and sees other cats through the window:
  
  
2. When the cat is also outside:

Behavior of cat with strangers in the home:

Behavior of cat in veterinary office and during examination:

**Behavior History- Feline****DAILY ACTIVITIES**

Please describe a typical 24 hour day in your cat's life:

**DIET**

Type of food given:

Frequency of feeding:

Amount fed:

Does the cat hunt?

If yes, does the cat eat the animals it catches?

**LITTERBOXES**

Number of litterboxes in the house:

Location of litterboxes:

Type of litterbox (open/closed; large/small):

Type of litter used:

Have you used different types of litter in the past?

If so, did changing type affect the cat's behavior?

Frequency of cleaning of litterbox:

**Behavior History-Feline**

*Please fill out this section if the cat's behavioral problem involves inappropriate urination or defecation:*

Is there one particular location or on a particular type of surface/material other than its litterbox which the cat tries to use?:

Please draw a floor plan of your home and indicate the placement of litter pans (⊗), feeding (#), & watering (◇) stations, and soiled areas.

Have you ever noticed your cat straining to urinate or defecate?

Have you ever noticed any blood in your cat's litterbox?