



Other people in regular contact with pet (e.g. pet sitters, housekeepers, relatives, friends, etc.):

Name	Age	Relationship (e.g. pet sitters, friend, grandchild, etc.)	Describe basic relationship with patient

Other pets in household (in order came into household):

Name	Species (e.g. dog, cat) & Breed (e.g., Golden Retriever, Manx)	Male/ Female Spayed/ Neutered	Age Now	Age when obtained	Describe basic relationship with patient

**Acquisition Information:**

How long have you had this cat? \_\_\_\_\_

How old was this cat when acquired? \_\_\_\_\_

Where did you obtain this cat? Show breeder \_\_\_\_\_ Hobby breeder \_\_\_\_\_

Private home/previous owner \_\_\_\_\_ Shelter/rescue organization \_\_\_\_\_

Pet store \_\_\_\_\_ Other \_\_\_\_\_

Has the cat had other owners?  Yes  No If yes, how many? \_\_\_\_\_

If yes, reasons for surrender?

Have you ever had cats before?  Yes  No

Why did you acquire this cat? (check all that apply):

Adult's pet \_\_\_\_\_ Family pet \_\_\_\_\_ Children's pet \_\_\_\_\_ Companion to other pet \_\_\_\_\_

Show \_\_\_\_\_ Breeding \_\_\_\_\_

Other \_\_\_\_\_

Did you meet this cat's parent's or littermates?  Yes  No

Do you know if the parents or littermates engaged in similar behaviors as this patient?

Yes

No

Don't know

If yes, what behaviors are similar?

How does your cat react to strangers?

How does your cat behave in a crate?

How does your cat behave in veterinary offices and while being examined?

### Medical History:

At what age was your cat neutered / spayed (if applicable)? \_\_\_\_\_

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

If your cat is "intact" has he / she ever been bred? Yes  No  Unsure

Are you planning to breed? Yes  No  Unsure

Is your cat declawed? Yes  No

If so, which feet? Front feet  Back feet  All four

Age when declawed, if known: \_\_\_\_\_

Is your cat on flea preventive? Yes  No

Name of product \_\_\_\_\_

Has your cat been on behavioral medication in the past? Yes  No

If so, please explain:

List any major illnesses/surgeries (dates):

List ALL medications/treatments your cat is currently receiving, including heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date started medication


**Environment**

**Type of house:** Single Family Detached\_\_\_ Apartment\_\_\_ Attached/townhouse\_\_\_\_\_  
 Mobile home\_\_\_\_\_ Other \_\_\_\_\_  
 How many stories does the cat have access to? \_\_\_\_\_  
 Has your household changed since acquiring this cat?  Yes  No  
 If yes, how?

**Neighborhood:** Urban\_\_\_ Suburban\_\_\_ Rural\_\_\_\_\_  
 Does your cat have access to the outdoors?  Yes  No  
 If yes, describe (for example: walks on harness, on deck only, free access, etc.)

How many hours total does your cat spend outdoors. on average, per day?

Does your cat have access to the outside through a cat door?  Yes  No

If kept indoors, is your cat restricted to a specific area or room in the house?  
 Yes  No   
 Describe:

How many times do you play with toys or play games with the cat, daily (on average)?

How long does each play bout last, on average (in minutes)? \_\_\_\_\_

**Daily Activities and Routine:**

**Feeding:**  
 Where is the cat fed? \_\_\_\_\_  
 How many meals is your cat fed each day? Free choice  \_\_\_\_\_ meals per day  
 Who feeds? \_\_\_\_\_  
 Amount of food per meal? \_\_\_\_\_  
 What is your cat’s favorite treat or human food? \_\_\_\_\_



## AGGRESSION SCREEN FOR CATS

The following chart provides information about aggression, its intensity, and in what situations it is elicited. **For each situation listed, check your cat's worst reaction in the past.** These questions refer to situations in the past. Please do not do these things to determine your cat's reaction. If he or she has never been in a particular situation, please check "situation does not apply".

	Circumstance	No aggression	Growls, swats, shows other aggressive behavior without biting	Bites (makes contact)	Situation does not apply
<b>General interactions</b>					
1	Family member stares at cat				
2	Family member reaches toward or bends over cat				
3	Family member pets cat				
4	Family member hugs/kisses cat				
6	Family member lifts cat				
9	Family member approaches cat while resting				
11	Family member pushes/pulls cat (e.g., off furniture)				
12	Family member enters or leaves room cat is in				
13	Family member approaches/disturbs cat while eating				
<b>Grooming</b>					
16	Cat's ears or eyes are cleaned or treated				
17	Cat's nails are trimmed				
18	Cat is brushed/combed				
<b>Interactions with other household pets</b>					
20	Dog approaches cat while eating				
21	Another cat approaches cat while eating				
22	Cat encounters other cat near the litter box				
23	Another cat approaches/disturbs cat while resting				
24	Dog approaches/disturbs cat while resting				
25	Cat approaches another household cat who is resting				
26	Cat approaches another household cat who is eating				
<b>Veterinary visits</b>					
28	Cat is in the waiting room				
30	Veterinarian/staff member handles/examines cat				
31	Cat is removed from or put back in carrier				
<b>Punishment</b>					
32	Cat is verbally scolded or yelled at				
33	Cat is physically punished (hit)				
<b>Response to strangers</b>					
34	Unfamiliar person (adult) approaches cat				
35	Unfamiliar person (adult) speaks to/pets cat				
36	Unfamiliar child approaches or interacts with cat				
37	Response to infants or toddlers				
38	Unfamiliar person approaches/passes window while cat is indoors				
<b>Response to unfamiliar animals</b>					
39	Unfamiliar cat approaches/passes window while cat is indoors				
40	Unfamiliar cat approaches/interacts with cat outside				
41	Unfamiliar dog approaches/passes window while cat is indoors				

## **Bite History**

If your cat has ever bitten anyone, please indicate the total number of bites:

0       1       2       3       4       5       +5

Please indicate the number of bites that broke skin:

0       1       2       3       4       5       +5

Please indicate the number of bites reported, and to whom: (i.e. local authorities, hospital, humane society, etc.)

Number reported:

0       1       2       3       4       5       +5

Reported to: \_\_\_\_\_

Was there legal action taken against the owner as a result of the bite(s)?      Yes       No

## **Elimination Behavior**

How many litter boxes do you have?      0       1       2       3       4       5       6       >6

Describe the litter boxes (please check all descriptions that apply for each box):

<b>Description</b>	<b>Box 1</b>	<b>Box 2</b>	<b>Box 3</b>	<b>Box 4</b>	<b>Box 5</b>	<b>Box 6</b>
Open						
Covered						
Large						
Small						
Deep						
Shallow						
Liner (unscented)						
Liner (scented)						
No-liner						
Litter material*						
Location						

\*What kind of litter material is used in the box(es)? (Please check all that apply):

- Plain clay
- Clumping / scoopable
- Playground sand
- Gravel / rock
- Sawdust / woodchips
- Newspaper- recycled / pelleted
- Newspaper- shredded or paper towels
- Potting soil
- Pine shavings
- Wheat
- Deodorized
- Cheapest
- None (empty box)
- Other (please specify) \_\_\_\_\_

Describe, in detail, how your cat uses the litter box. For example, does he or she scratch in the litter before eliminating? Cover up feces? Scratch outside the box?

How frequently is the urine or feces scooped? \_\_\_\_\_

How frequently is the litter entirely changed? \_\_\_\_\_

How frequently is the litter box washed and the contents replaced? \_\_\_\_\_

Are deodorants such as bleach or Lysol used in the cleaning process? Yes  No

Will the cat immediately use a freshly cleaned litter box?

Yes  No  Unsure

Will the cat eliminate in the presence of other animals or people?

Yes  No  Unsure

Does the cat ever vocalize while it eliminates?

\ Yes  No  Unsure

Does the cat ever run out of the box after eliminating?

Yes  No  Unsure

Does your cat ever eliminate outside the box, in the house?

Yes  No

If so, does he or she: Urinate  Defecate  Both

How do you clean up afterwards (include product(s) used)?

Where are the litter boxes located?

Where does your pet sleep?

Is your cat very active at night? Yes  No

Explain:

### **BEHAVIOR HISTORY**

Please fill out the table below in regard to your cat's primary behavior problems and other problems you would like addressed.



Problem – Please include dates and details of recent incidents	Age at which problem began

**Frequency:**

How have the problems progressed over time? For example, “the cat occasionally urinated on carpet at 2 years of age, but stopped using the box entirely a year later.”

Has the frequency or the intensity of the occurrence of the behavior changed since the problem started?

Yes           No   
 If so, how and when?

**How frequently does this problem occur?**

>10 times/day\_\_\_\_\_ 1-10 times/day\_\_\_\_\_ 1-6 times/week\_\_\_\_\_ <1x/week\_\_\_\_\_ <1time/month\_\_\_\_\_

Is the frequency... Increasing\_\_\_\_\_ Decreasing\_\_\_\_\_ Unchanged\_\_\_\_\_

Describe what you've tried to correct the problem and what the cat's response has been to each attempt.

How serious do you and other members of the household find this problem:

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Have you considered finding another home for this pet? Yes  No

Have you considered euthanasia (putting your pet to sleep)? Yes  No

Did someone recommend euthanasia before your visit here? Yes  No

**Expectations:** What are your expectations for your appointment?

**Any other comments?**