|  |  |
| --- | --- |
| ..\Tomas\nevbaLogo.jpg | **Pet Behavior Consultations**  Tel: (781) 862-5060  www.PetBehaviorProblems.com |

FELINE Behavioral History Form

Please fill out this form to the best of your ability. Type in the spaces provided. The more information you are able to provide, the easier it is to correctly diagnose your dog’s behavior problem and provide you with the proper individualized treatment plan. All of your answers are confidential.

|  |  |
| --- | --- |
| Date of Appointment: |  |

## Contact Information

|  |  |
| --- | --- |
| Name: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Mobile Phone: |  |

|  |  |
| --- | --- |
| Email: |  |
| How were you referred to us? |  |

## Your Pet

|  |  |  |  |
| --- | --- | --- | --- |
| Cat’s name: |  | Breed: |  |
| Age: |  | Weight: |  |
| Sex: |  | Neutered (yes or no): |  |
|  |  | Age Neutered: |  |
| Where did you obtain your pet? |  | | |
| Age of pet when acquired: |  | | |
| Why did you choose this breed and/or individual pet? |  | | |
| List any medical problems: |  | | |
| List any current medications: |  | | |
| How many other owners has your pet had? |  | | |
| Do your pet’s relatives have behavior problems? |  | | |

## Your Veterinarian

|  |  |
| --- | --- |
| Veterinarian’s Name: |  |
| Hospital Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |

## Household

## Please list all people in your household :

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship (self, spouse, child, roommate, etc.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Please list all other animals in household:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Breed** | **Sex** | **Neutered?** | **Age Now** | **Age obtained** | **Order Obtained** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please describe your home (single family, attached house, apartment): | |  | | |
| Have you owned pets before? If yes, what type? | |  | | |
| When? |  |  | What happened to other pets? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Pet Care

|  |  |  |
| --- | --- | --- |
| What do you feed your pet (brand, dry or canned)? |  |  |
| How often is your pet fed? |  | |

|  |  |  |
| --- | --- | --- |
| Who feeds your pet? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does your pet get treats? |  | How often? |  | What type? |  |

|  |  |
| --- | --- |
| Where does your pet sleep at night? |  |
| Where does your pet stay when you are out? |  |
| How many hours is your pet left alone per day? |  |
| Is your pet allowed on furniture? |  |

## Management

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| When outside, is your pet: | Loose |  | On a harness |  | Tied out |  | In an enclosure |  |  |

Do you play with your pet?

|  |  |
| --- | --- |
| If so, how? |  |

## LITTER BOX CARE AND HABITS

|  |  |
| --- | --- |
| How many litter boxes do you have? |  |

|  |  |  |
| --- | --- | --- |
| What type of boxes (hooded, open, automatic)? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Where are the boxes located? |  | | |
| What type of litter do you use now? |  | | |
| What types of litter have you used previously? |  | | |
| How often do you scoop urine? |  |
| How often do you empty and clean |  | What do you clean it with? |  |
| Do you use li? |  | Do you add anything to the litter? |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your cat scratch: | | in the litter |  | the sides of the box | | |  | outside the box |  |
| Does your cat cover his/her feces with litter? |  | | | | Urine? |  | | | |
| When does your cat defecate? |  | | | | Urine? |  | | | |

## THE PROBLEM

|  |  |
| --- | --- |
| What problems are you having with your cat? |  |
| What happened that made you decide to seek help? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Duration of problem: |  | Age of pet when started: |  |

**Please describe the first episode that you remember:**

|  |  |
| --- | --- |
| When was it?  Please describe the incident in detail: |  |
| What was your cat doing before and after the incident? |  |
| How did you react? |  |
| How often does the problem occur (times per day, week, month) |  |
| How has the frequency or intensity changed since problem first started? |  |
| When does the problem occur? |  |
| What have you done to try to resolve the problem? |  |

## RECENT EPISODES

**Please describe the first episode that you remember:**

|  |  |
| --- | --- |
| When was it?  Please describe the incident in detail: |  |
| What was your cat doing before and after the incident? |  |
| How did you react? |  |

**Please describe the second most recent episode that you remember:**

|  |  |
| --- | --- |
| When was it?  Please describe the incident in detail: |  |
| What was your cat doing before and after the incident? |  |
| How did you react? |  |

**Please describe the third most recent episode that you remember:**

|  |  |
| --- | --- |
| When was it?  Please describe the incident in detail: |  |
| What was your cat doing before and after the incident? |  |
| How did you react? |  |

## AGGRESSION SCREEN

Please indicate your cat’s reaction to the following situations by placing an “X” in the appropriate column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Situations | Growl | Hiss | Swat | Bite |
| To household cat |  |  |  |  |
| To outdoor cat |  |  |  |  |
| To other animals |  |  |  |  |
| While eating |  |  |  |  |
| While playing |  |  |  |  |
| When picked up |  |  |  |  |
| While being pet |  |  |  |  |
| Proceeded by stalk or chase |  |  |  |  |
| To veterinarian |  |  |  |  |
| To groomer |  |  |  |  |
| To visitors |  |  |  |  |

## ATTACHMENT

|  |  |
| --- | --- |
| On a scale of 1 to 10 how serious is this problem to you (1 is not serious, 10 is very serious)? |  |

|  |  |
| --- | --- |
| Why haven’t you found another home for your cat? |  |
| Have you considered putting your cat to sleep? |  |

## ADDITIONAL COMMENTS

|  |
| --- |
|  |