

# Feline Behavior History

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Please answer the following questions and send this form (email/fax) back to us. **Please do not skip sections – fill out the entire questionnaire.** We shall then email with an estimate and to arrange an appointment (**please allow 4-6 weeks to hear from us**). Specific questions about the problem behavior(s) will be asked during your consultation.

## General Information

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

Client's name: \_\_\_\_\_ Name of pet: \_\_\_\_\_  
Address: \_\_\_\_\_ Breed: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Sex: \_\_\_\_\_ neutered/spayed: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work/Day phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Who is your regular veterinarian:  
Dr. \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

## Behavior Problem

What is the main behavior problem or complaint?

How much of a problem is this behavior? How serious are other behavior problems? Please list.

BEHAVIOR PROBLEM

VERY SERIOUS

SERIOUS NOT SERIOUS

When did you first notice the main problem (age of cat)?

Describe the chronology of the behavior problem, i.e. how it developed over time:

When did it first become a serious concern?

In what general circumstances does the cat misbehave?

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly):

a. Problem: \_\_\_\_\_ Frequency: \_\_\_\_\_

b. Problem: \_\_\_\_\_ Frequency: \_\_\_\_\_

c. Problem: \_\_\_\_\_ Frequency: \_\_\_\_\_

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

Describe several examples in detail:

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

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

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

Other significant incidents:

What have you done so far to try to correct the problem?

How do you discipline your cat for this problem?

## Elimination Behavior

Does your cat use a litter pan? \_\_\_\_yes \_\_\_\_no

How did you litter train your cat?

Does your cat ever eliminate in the house but outside the litter pan?

\_\_\_\_yes \_\_\_\_no

If yes, does your cat urinate \_\_\_\_ or defecate \_\_\_\_ or both \_\_\_\_?

How many litter pans do you have? \_\_\_\_\_

Where are they (please be specific: which room, which floor)?

What kind of pans are they (indicate number)?

\_\_\_\_commercial litter pan (size: )

\_\_\_\_commercial litter pan with removable "lip"

\_\_\_\_covered box, "cave"-type front door

\_\_\_\_covered box, "Booda"-type (cat crawls into hole)

\_\_\_\_dishpan

\_\_\_\_cardboard box

\_\_\_\_other (please describe:)

How old is each pan? \_\_\_\_\_

Do you use a liner? \_\_\_\_yes \_\_\_\_no

If yes, what type (plastic, newspaper, etc.)

What kind of litter is used (please be specific):

Have you recently changed brands?

How often is litter scooped? How often is litter replaced?

How do you clean the box(es), and how often (please be specific)?

Does the cat cover urine and feces in the box?

## Cat's Background

Why did you decide to get a cat?

Where did you get this cat (circle one):

SPCA

BREEDER - newspaper ad/flyer

BREEDER - referral

PET STORE

FRIEND

STRAY

OTHER: \_\_\_\_\_

Have you owned cats before? \_\_\_\_\_yes \_\_\_\_\_no

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

If known: how many littermates? \_\_\_\_\_

males \_\_\_\_\_ females \_\_\_\_\_

How many animals to choose from? \_\_\_\_\_

Why did you decide to get a cat? Why this particular breed, sex, color?

Why did you choose this cat over the others (please be specific):

Describe your cat's behavior as a kitten:

Has this cat had other owners? \_\_\_\_\_yes \_\_\_\_\_no

If yes, how many? \_\_\_\_\_

If yes, why was the cat given up?

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

## Diet and Feeding

What do you feed your cat? (Please be specific, e.g. brand name)

Has your cat's appetite (increased, decreased, no change)? \_\_\_\_\_

How much do you feed? (please be specific) How often and when is it fed? Where is he/she fed?

Where does your cat drink?

Who feeds the cat?

What is your cat's favorite treat?

## **Home Environment**

Please list the people, including yourself, living in your household:

Name Hours away from home

Please list all animals in the household:

Name Species Breed Sex Age Obtained Age Now

In what sequence were the above animals obtained? (Please number animals in the table above).

What is your cat's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe:

What type of area do you live in? (Circle one)

CITY SUBURBS RURAL

What type of house do you live in? (Circle one)

APARTMENT - STUDIO OR 1 BEDROOM

APARTMENT - 2 + BEDROOMS

DUPLEX/ATTACHED HOUSE

HOUSE - SINGLE FAMILY

TRAILER

FARM

OTHER: \_\_\_\_\_

Have you moved since acquiring your cat? \_\_\_\_yes \_\_\_\_no

If yes, how many times? \_\_\_\_\_

Has your household (people or animals) changed since acquiring your cat?  
\_\_\_\_yes \_\_\_\_no

If yes, please describe:

## Daily Schedule

How do you play with your cat?

Does your cat go outdoors? \_\_\_\_yes \_\_\_\_no

Is your cat supervised when outdoors? \_\_\_\_yes \_\_\_\_no

How does your cat signal to go outside?

Does your cat use a pet door? \_\_\_\_yes \_\_\_\_no

Is your cat harness/leash trained? \_\_\_\_yes \_\_\_\_no

What percentage of time does your cat spend outdoors or indoors?

\_\_\_\_\_ % indoors \_\_\_\_\_ % outdoors

## Social Behavior

Where does your cat sleep at night (please be specific):

Does your cat sleep (more, less, same)? \_\_\_\_\_

Where is your cat when you have guests?

How does your cat behave with adult visitors?

How does your cat behave with visiting children?

How does your cat behave with the veterinarian?

Where is your cat when alone in the house?

How does your cat behave when you return?

How does your cat respond to cats seen out of the window or in the yard?

When does the cat meow?

When does the cat hiss or growl?

What toys does the cat have?

Does your cat carry toys/objects or "mother" other animals? \_\_\_\_yes \_\_\_\_no

What is your cat's activity level in general (Circle one):

LOW  
AVERAGE  
HIGH  
EXCESSIVE

How would you describe your cat's personality?

## **Sexual Behavior**

At what age was your cat neutered/spayed? \_\_\_\_\_  
Why was this done?

Were there any behavior changes after neutering?



Does your cat mount other cats? \_\_\_\_\_yes \_\_\_\_\_no Animals? \_\_\_\_\_yes  
\_\_\_\_\_no  
People? \_\_\_\_\_yes \_\_\_\_\_no

If yes, who or what is mounted?

If your cat is "intact" has he/she ever been bred? \_\_\_\_\_yes \_\_\_\_\_no

If you have a female, was she a good mother? \_\_\_\_\_yes \_\_\_\_\_no

Are you planning to breed your cat in the future? \_\_\_\_\_yes \_\_\_\_\_no

## **Grooming**

Does your cat groom, lick or bite himself excessively? \_\_\_\_\_yes \_\_\_\_\_no

Is your cat declawed? \_\_\_\_\_yes \_\_\_\_\_no

If yes, declawed in the front only \_\_\_\_\_ or all four paws \_\_\_\_\_?

What was the immediate aftercare (e.g. did you shred newspaper into the litter pan?)

Did your cat use this litter?

Did the paws become infected after the surgery? \_\_\_\_\_yes \_\_\_\_\_no

Does your cat use a scratching post or favorite scratching area? (please describe)

## **Medical History**

Is your cat on any medication now?

Has your cat been on medication in the past?

Where are you on a scale of 1 to 5 as follows:

1. I am here only out of curiosity - problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it

remains unchanged I will keep my cat.

5. The problem is very serious and I would like to change it; if it remains unchanged I will have my cat euthanized or give him/her up.

Comments (please use back of page if necessary):

Additional Information to Submit with history:

Photos of litter box areas

Photos of rooms with cat trees, beds and feeding areas

Drawing of house lay out

(End of questionnaire - thank you!)

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