

Feline Behavior History Form

Please complete the following information with as much detail as possible. Please return the completed form to Magrane Pet Medical Center via email (magrane@magranepmc.com) or in person. An appointment will be scheduled after the completed paperwork has been received.

Name:

Email: Phone number:

Address:

Patient Information:

Name:

Breed:

Age: Date of birth:

Sex: Male Female

Spayed/neutered? Yes No Age:

Declawed? Yes No

Front only Hind only Front and hind

Age:

Household information:

Number of adults, > 18 yrs old (name, age, sex):

Number of children (name, age, sex):

Primary caretaker of cat:

Other cats in home (name, breed, sex, spayed/neutered), please list in order obtained:

Any other animals in home (species, age) please list in order obtained:

Please describe how the pets get along:

Background information:

1. Age pet was obtained:

2. Where did you obtain your cat:

Own breeding

Breeder

Shelter/Rescue

Other (Please describe)

3. What is the primary purpose of your cat?

Adult's pet

Children's pet

Family pet

Breeding

Barn/outside cat

Other (please describe)

4. If obtained as a kitten, how did you select your cat from a litter?

Biggest

Breeder selected

Appearance

Most outgoing

Most timid

Smallest

Other (please describe)

5. Did you meet your cat's parents or have information about litter mates? If so, please describe:

6. If your cat was previously owned, what was his/her primary purpose cat?

Adult's pet

Children's pet

Family pet

Breeding

Barn/outside cat

Other (please describe)

7. How would you describe your cat's personality as a kitten?

Aggressive to owner

Aggressive to strangers

Aloof

Anxious

Fearful

Friendly to owner

Friendly to strangers

Happy/outgoing

Hyperexcitable

Inhibited

Shy of strangers

Unknown

Other (please describe)

8. How would you describe your cat's personality now?

- | | | |
|--|--|--|
| <input type="checkbox"/> Aggressive to owner | <input type="checkbox"/> Friendly to owner | <input type="checkbox"/> Shy of strangers |
| <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Friendly to strangers | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Happy/outgoing | <input type="text"/> |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Hyperexcitable | |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Inhibited | |

9. Any additional comments about your cat's personality?

Medical information

1. Please list all previously diagnosed medical problems and how they were treated

2. Please list any current medical problems

3. Please list all current medications and/or supplements your cat is currently receiving:

General information

1. How much time does your cat spend indoors (%): , outside (%):

2. How many litter boxes are in the home? Where are they located?

3. What type(s) of litter boxes do you have (covered, open, etc.)?

4. What type of litter do you use?

5. How often is the litter box scooped?

6. How often is the litter box cleaned completely?

7. Diet

Food (brand, type):

Treats (brand, type):

Please describe your pet's feeding schedule (meals, free feeding):

Does your cat finish each meal? Yes No

Frequency of feedings: /day

Where is the cat fed? If other cats in home, please list where they are fed.

8. Play

Does your cat play with toys?

What are his/her favorite toys?

Have you ever played with a laser toy with your cat? Yes No

9. Daily schedule

Average # hours cat left alone per weekday:

Schedule on weekdays: Consistent Varies

10. Have there been any changes in your cat's environment/schedule since you obtained the cat? If so, please describe the changes, when they occurred, and how you think they affected your cat?

Behavioral conditioning and training

1. Have you done any training with your cat? If so, please describe, including training methods used.

2. Types of discipline, check all that apply

Verbal reprimand

Training device

Time out

Startle

Physical

Other (please describe)

3. At what age was your cat house trained? Does your cat ever eliminate outside the litter box? If your cat eliminates outside of the box, please indicate what (urine/feces), where in the home, and when it occurs.

Chief Complaint:

1. What is the main behavior problem or chief complaint?

2. When did the problem first begin?

3. How often does the problem occur?

per day

per week

per month

4. What is the severity of the problem:

Very serious Serious Not serious

5. Have you identified any triggers for the problem (when, where, presence of people/other animals, circumstances)?

6. Describe the first incident of the problem in detail. When and where did it occur? People and animals present? What did your cat do and what did he/she look like? How did you react? Was there a trigger for the incident?

7. Describe the most recent incident in detail:

8. Describe any other incident(s) you believe may be relevant, including the most severe incident (if not reported above):

9. Has there been a change in intensity, appearance, and/or frequency of the problem since it started? If so, please describe how it has changed.

10. What has been tried previously to correct the problem? Did it change the behavior?

11. Have you considered euthanasia or rehoming your cat because of this problem?

Yes No

12. Do you have any further comments about this problem?

13. What are your goals for this behavior consultation relating to this problem?

A large, empty rectangular box with a thin black border, intended for the user to write additional information or notes.

If there are other behavior problems you would like addressed, please complete questions 2-12 above for each additional problem.

Aggression profile

Please review the list of situations below and check all reactions your cat has displayed, even if it only occurred once. A familiar person may be a family member or people with whom the cat has interacted regularly. **If you do not know how your cat would react in the following circumstances, please do NOT try to find out because you may provoke the cat.**

| Situation | N/A | No aggression | Stare | Hiss, growl | Swat/ scratch | Switch/ twitch tail | Puff up | Bites (contact) | Comments |
|---|-----|---------------|-------|-------------|---------------|---------------------|---------|-----------------|----------|
| Take cat's food away | | | | | | | | | |
| Take empty food bowl | | | | | | | | | |
| Take food that falls onto the floor from cat | | | | | | | | | |
| Take toy from cat | | | | | | | | | |
| Human approaches cat while eating | | | | | | | | | |
| Human approaches cat while playing with toys | | | | | | | | | |
| Dog approaches cat while eating | | | | | | | | | |
| Dog approaches cat while playing with toys | | | | | | | | | |
| Human walks past cat in doorways | | | | | | | | | |
| Human approaches/ disturbs cat while sleeping | | | | | | | | | |
| Cat approaches/ disturbs cat while sleeping | | | | | | | | | |
| Human steps over cat | | | | | | | | | |
| Cat pushed off bed/ couch | | | | | | | | | |
| Reach toward cat | | | | | | | | | |
| Reach over head | | | | | | | | | |
| Put collar or harness on | | | | | | | | | |
| Push on shoulders or rump | | | | | | | | | |
| Pet cat when in lap | | | | | | | | | |
| Pet cat when not in lap | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Brush cat | | | | | | | | | |
| Trim cat's nails | | | | | | | | | |
| Stare at cat | | | | | | | | | |
| Unfamiliar person enters room | | | | | | | | | |
| Human carries cat | | | | | | | | | |
| Cat in vet's office | | | | | | | | | |
| Cat yelled at | | | | | | | | | |
| Cat physically reprimanded | | | | | | | | | |
| Cat sprayed with water bottle | | | | | | | | | |
| Squirrels, cats, small animals approach | | | | | | | | | |
| Cat sees squirrels, birds, dogs through window | | | | | | | | | |
| Cat removed from hiding place | | | | | | | | | |
| Human body parts move under covers on bed | | | | | | | | | |
| Infant crying | | | | | | | | | |
| Playing with children | | | | | | | | | |

If your cat has ever bitten anyone, please describe the incident(s) below

| Individual bitten (Name, relationship to cat) | Situation | Part of body bitten | Severity (was skin broken, etc.) |
|--|-----------|---------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Stereotypic and ritualistic behavior profile

Please complete this table only if your cat is showing repetitive behaviors that **you find troublesome or about which you are concerned**. Please check all of the categories that apply and check the best description of the selected behavior category.

| Category | Description |
|--|--|
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Chewing self <input type="checkbox"/> Biting self <input type="checkbox"/> Licking self <input type="checkbox"/> Plucking hair from self <input type="checkbox"/> Barbering/trimming hair on self <input type="checkbox"/> Suckling self <input type="checkbox"/> Continuously doing any of these behaviors to <i>another individual</i> . Please describe |
| <input type="checkbox"/> Hallucinatory | <input type="checkbox"/> Staring and attending to things that are not there <input type="checkbox"/> Tracking things that are not there <input type="checkbox"/> Pounding on or attaching things that are not there |
| <input type="checkbox"/> Consumptive | <input type="checkbox"/> Eating rocks <input type="checkbox"/> Eating dirt or soil <input type="checkbox"/> Eating other objects <input type="checkbox"/> Eating, licking, sucking, or chewing wool or fabric, rugs, furniture, etc. <input type="checkbox"/> Licking or gulping air |
| <input type="checkbox"/> Locomotory | <input type="checkbox"/> Circling/spinning <input type="checkbox"/> Tail-chasing <input type="checkbox"/> Freezing |
| <input type="checkbox"/> Vocalization | <input type="checkbox"/> Rhythmic vocalization <input type="checkbox"/> Howling <input type="checkbox"/> Growling |

Please complete the home sketch on the next page and bring the sketch with you to your behavior consultation appointment.

Thank you for taking the time to complete this questionnaire, we look forward to working with you.

Home Sketch

Please provide a rough sketch of your home, including location(s) of litter boxes, food and water bowls, beds/cat trees, etc. Please bring this sketch with you to your behavior consultation appointment.