

Feline Recheck 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:

Date of initial consultation:

Date of last consultation:

Behavior

1. What is the primary problem for which you are returning to us today?

2. How often does the behavior occur?

per day per week per month

3. How has the behavior changed since your last visit?

Frequency: Increased Decreased Same

Severity: Increased Decreased Same

Any additional comments:

4. Please describe the most recent incident of the behavior.

5. Please list all medications/supplements your cat is current receiving

Medication	Response (change in behavior)			Side effect(s)
	Worse	Same	Better	

6. Has your cat developed any new behavior problems since your last visit? If yes, please describe.

7. Has your cat experienced any medical conditions/illnesses since your last visit? If yes, please describe.

8. Have there been any changes in your household since your last visit? If yes, please describe.

9. How have you been handling specific situations involving the behaviors listed above? How does your cat react? How is what you are doing working?

10. In the table below, please list each recommendation/exercise you have implemented and that the effect was.

Recommendation/exercise	Date attempted	Outcome/progress made

11. Have there been any incidents of aggressive behavior (bites, growling, snarling, lunging at humans or animals) since your last visit? If yes, please describe the incidents below including individuals involved, situation, and severity.

12. Do you believe your last behavior consultation has helped you with your cat?

13. In what areas has your cat improved since your last visit?

14. What are your goals for this recheck consultation?

Thank you for taking to time to fill out this questionnaire.