

PRE-CONSULTATION FELINE BEHAVIORAL HISTORY FORM

All Creatures Behavior Counseling
8934 122nd Ave NE – Kirkland, WA 98033

Instructions: Fill out this form with as much detail as possible prior to your behavior consultation. Once completed, please return form to info@allcreaturesbehavior.com, or fax to 866-281-1470 or bring the completed form to your behavior appointment.

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Owner Name(s):

Address:

City, State:

Primary contact number:

Secondary contact number:

E-mail Address:

Cat's Name:

Breed:

Hair Length:

Age: _____ years, _____ months Color: _____ Weight: _____

Male Female

Intact Neutered/spayed At what age? _____

Has the cat been declawed/tendonectomized? Yes No At what age? _____

How was it cared for after the surgery?

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Background Information

Why was the cat obtained?

Age when first obtained/adopted:

Source where cat was obtained:

Did the cat have any previous owners?

If yes, how many owners?

Why was the cat given up?

Diet and Feeding

Who is the primary caregiver?

What is the cat fed?

When and where is the cat fed (ad lib or scheduled meals)?

Does your cat have any food allergies or sensitivities?

Does your cat have a good appetite? Is the cat offered any treats?

Has there been a recent diet change?

Animal's Environment

What type of house do you live in?

How many square feet of the house does the cat have access to?

Have you moved since the cat was acquired?

Please list each person living in the household

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>Relationship with the cat</u>	<u>Hours Away</u>

Please list all animals in the household:

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship with the cat</u>

Has the cat ever been outside?

Is your cat currently allowed to go outside?

Is he/she supervised when outdoors?

Is your cat harness/leash trained?

Is there a scratching post available for the cat?

If yes, what type of posts and where are they located?

Does the cat use the scratching post?

Does the cat scratch on anything other than its post? If yes, what else?

Where does the cat spend most of its time during the day?

Where does the cat sleep at night? Does it sleep through the night?

Social Behavior

Who is the cat most attached to?

Does owner play with the cat?

How frequently?

What kind of games?

Does the cat play with any toys? What kind of toys?

How does the cat react when called? Does it come to the caller?
 Yes No reaction Avoids

How does the cat react when the owner comes home?

How does your cat respond to:

	<u>No reaction</u>	<u>Avoid</u>	<u>Resist</u>	<u>Growl/Bite</u>	<u>Purr</u>	<u>Comments</u> (use back if needed)
Baths						
Being held						
Greeted by owner						
Nails trims						
Pet/stroked						
Friends						
Children						
Stranger						
Veterinarian						

Sexual Behavior

If female, has the cat ever been in heat?

Does the cat mount cats, other animals, people or objects?

Has the animal been bred or used for breeding?

Grooming

Do you groom your cat?

If so, how does the cat respond?

Does the cat keep its coat in good condition?

Are there any areas where the cat licks excessively?

Elimination Behavior

Has the cat ever eliminated outside of the litterbox?

Method of litter training. How was the cat introduced to the litterbox?

Age when litter trained:

Who cleans the litterbox?

How many litterboxes do you have?

	Box #1	Box #2	Box #3
Type of litterbox			
Size of litterbox			
How old is litterbox?			
Location			
Type of litter used (scented?)			
Brand of litter			
Depth of litter			
Is a liner used? Is it scented?			
Is there anything added to the litter?			
How often is it scooped out?			
How often litter completely changed?			
How often is litterbox washed?			
What products are used to wash box?			
Located near appliances?			
Located near doors or hallways?			
Are air vents nearby?			
Distance of box to food and water?			

Behavior at litterbox	Defecation		Urination		Comments
	Yes	No	Yes	No	
Dig a hole before	Yes	No	Yes	No	
Cover afterwards	Yes	No	Yes	No	
Paw at box or ground	Yes	No	Yes	No	
Stand on edge of box	Yes	No	Yes	No	
Shake paws	Yes	No	Yes	No	
Vocalize during	Yes	No	Yes	No	
Prefers to eliminate in private	Yes	No	Yes	No	

Eliminate after the box is just cleaned?	Yes	No	Yes	No	
Jump/run out of box when done	Yes	No	Yes	No	

What is the main behavior problem? (Why are we seeing your cat?)

Medical History

Has your cat had any significant medical problems?

(If yes, please describe)

Please attach a map of your home, indicating the location of litter boxes, food and water bowls, and soiled areas.