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Feline Behavior History

Please complete the following questionnaire and send this form (mail/fax/e-mail/drop-off) back to us before your behavior consultation. Specific questions about the problem behavior(s) will be asked during your visit.

General Information

Date: _____

Client Name: _____

Name of Dog: _____

Address: _____

Breed: _____

Date of Birth: _____

Home Phone: _____

Sex: _____ Neutered/Spayed? _____

Work/Day phone: _____

Behavior Problem

What is the main behavior problem or complaint?

How much of a problem is this behavior? How frequently does it occur?

How serious are other behavior problems? Please list:

Problem	Very Serious	Serious	Not serious	Frequency

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

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

When did it first become a serious concern?

Under what general circumstances does your cat misbehave?

How frequently do/does the problem(s) 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 defecate or both?
If yes, please submit a floor plan of your house and indicate where housesoiling occurs.

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)?

- | | |
|--|---|
| <input type="checkbox"/> commercial litter pan (size: _____) | <input type="checkbox"/> commercial litter pan with removable "lip" |
| <input type="checkbox"/> covered box, "cave"-type front door | <input type="checkbox"/> covered box, "Booda"-type (cat crawls into hole) |
| <input type="checkbox"/> dishpan | <input type="checkbox"/> cardboard box |
| <input type="checkbox"/> 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? Yes No
How often is the litter scooped?

How often is the 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? 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 did you 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? No 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)?

How much do you feed (please be specific)? How often and when is it fed? Where is your cat 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, including the patient:

Order Obtained	Name	Species	Breed	Sex	Age Obtained	Age Now

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

What type of area do you live in? City Town Suburbs Rural

What type of house do you live in? Apartment – Studio or 1-bedroom
 Apartment – 2+ bedrooms
 Duplex/Attached house
 House – Single family
 Trailer
 Farm
 Other: _____

Have you moved since acquiring your cat? No 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 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 the time does your cat spend outdoors or indoors? _____ % indoors

_____ % outdoors

Social Behavior

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

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 your cat meow?

When does your cat hiss or growl?

What toys does your cat have?

Does your cat carry toys/objects or "mother" other animals? Yes No

What is your cat's activity level in general? Low Average

High Excessive

How would you describe your cat's personality?

Sexual Behavior

At what age was your cat neutered or spayed? _____

Why was this done?

Were there any behavioral changes after neutering?

Does your cat mount other cats? Yes No

Other 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

Does your cat's skin ripple? Yes No

Is your cat declawed? No Yes - Front only or all four paws?

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

Did your cat use this litter? Yes No

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; the 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: