

Behavior Consult Form for Cats

The information that you will provide on this form is very important in formulating a treatment plan for your cat's behavior problem. Please answer all questions as completely and accurately as possible.

Basic Information

Client Name			
Street Address			
Primary Phone		Secondary Phone	
E-mail		Fax Number	
Who referred you to the behavior clinic?			
Primary Veterinarian			
Clinic Name			
Phone Number			
Pet Name		Age	
Breed		Color	
Sex (M or F)		Neutered (yes or no)	
What is the date of last rabies vaccination:		May we contact your veterinarian for medical records?	

Description of Problem

What is the main behavior problem?

Please list any other problems exhibited by this cat. Mark the boxes with an X to indicate how serious you consider this problem.

Behavior Problem	Very Serious	Serious	Not Serious

How frequently do the problems occur?

Behavior Problem	Times per Week	Times per Month	Times per Year	Total Number of Occurrences

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Chronology of the Behavior Problem:

How old was the cat when the problem was first noticed?

When did it first become a serious concern?

Does your cat misbehave in general circumstances? If so, describe these circumstances.

Has the problem changed in severity, intensity, or any other way? Please describe.

Describe examples of the problem behavior in detail. When did they occur?

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

How do you discipline your cat for this and for other misbehavior?

How does your cat react to discipline for this and for other misbehavior?

Cat's Background

Where did you get this cat?

Has this cat had other owners?

How many? _____

If so, why was this cat given up?

At what age was your pet desexed?

Why was this done?

Were there any behavioral changes after desexing?

If you have an intact female, when was her last heat? Was it normal?

Home environment

Please list each person living in your household, including age, hours away (9am-5pm), and what their relationship to your pet is.

Name	Age	Relationship to Pet	Hours away from home

Please list all other pets in the household including species, breed, age, sex, and if they are neutered. Also number which order the pets were obtained in.

Number	Name	Species	Breed	Sex (M or F)	Neutered (Y or N)	Age

What is your cat's relationship to the other animals? Please describe.

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

Have you moved since acquiring your cat? How many times?

Has your household (people or animals) changed since acquiring your cat? Please describe.

Diet and feeding

What do you feed your cat? Please be specific.

How much do you feed? How often and when is it fed?

Where is your cat fed? Where does your cat drink?

What are your cat's favorite treats? How often does it get these?

Daily Schedule

Please describe a typical 24-hour day in your cat's life.

How does the cat behave with familiar visitors?

How does the cat behave with unfamiliar visitors (children or adults)?

How do you play with your cat?

Does your cat go outdoors? What percentage of time is spent indoors vs. Outdoors?

Social Behavior

Where does your cat sleep at night?

Where is your cat when left alone?

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

What toys does your cat have?

What is your cat's activity level?

Describe your cat's general personality.

Does your cat groom, lick, or bite itself excessively?

Does your cat use a scratching post or favorite scratching area?

Does your cat scratch furniture or other items?

Does your cat lick, chew, or eat abnormal items?

Elimination Behavior

Does your cat use a litter pan?

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

If yes, does your cat urinate, defecate, or both outside the litter pan?

How many litter pans do you have?

Where are they--be specific-which room and which floor?

What types of pans are they (plastic, with/ without lid, self-cleaning)?

How old is each pan?

Do you use a liner? What type?
 What kind of litter is used?
 Have you recently changed brands?
 How often is the litter scooped?
 How often do you clean the boxes? How is this done?
 Does the cat cover urine and feces in the box?
 Does more than one cat use the box?

Medical history

Has your cat been diagnosed with any medical conditions?
 Is your pet up to date on routine vaccines, including rabies?
 Please list any medication that your cat currently receives including preventatives and supplements such as Revolution, Frontline, and Glucosamine.

Medication	Dosage	How often	Reason Given

Long Term Expectations

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 want to change it, but if it remains unchanged, I will keep my cat.	
4. The problem is very serious. If it remains unchanged, I will have my cat euthanized or give it up.	

Thank you for taking the time to answer these questions. All of this information will be very helpful in treating your cat's behavior problem.