

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Do you wish to be contacted by phone or email?      Phone      Email

Name of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered or Spayed?      Neutered      Spayed      Not Fixed

Declawed?      Yes      No      If Yes, Declawed Paws?      Front Paw      All Four Paws

Who is your regular veterinarian? \_\_\_\_\_

Clinic name? \_\_\_\_\_

Did someone other than your vet refer you? \_\_\_\_\_  
(please provide name if yes)

### Behavior Problem

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What is the main behavior problem or complaint?

Additional problems, please list:

Please list all problems. How frequently do the problem(s) occur? (how many times daily, weekly or monthly)

## **Cat's Background**

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**How long have you had your cat?**

**How old was your cat when you first acquired him/her?**

**Where did you get your cat?**

**Has this cat had other owners? If yes, how many?**

**Why was the cat given up by the previous owners?**

**Why did you acquire this cat?**

**Have you owned cats before?      Yes      No**

**Did you meet this cat's parents or littermates?      Yes      No**

**Do you know if the parents or littermates engaged in similar behaviors?**  
**Yes, they did/do      No, they don't/haven't      Don't know**

## **Cat's Background**

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

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

**Describe several examples in detail: When, where and what other animals or people were present.**

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

### **Elimination Behavior**

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**Does your cat use a litter pan?**

**Does your cat ever eliminate in the house (outside the litter pan)?**

**How many litter pans do you have?**

**Where are they (please be specific: which room, which floor)?**

**What types of pans (indicate number):**

**Open top commercial litter pan: \_\_\_\_\_ Covered box ("cave"-type front door: \_\_\_\_\_**

**Covered box (“Booda”-type front door, cat crawls into hole on top): \_\_\_\_\_**

**Automatic litter box (LitterMaid, CatGenie): \_\_\_\_\_**

**Other (please describe): \_\_\_\_\_**

**How old is each pan?**

**Do you use a liner? If yes, what type (plastic, newspaper, etc.)?**

**What type of litter is used (please be specific):**

**How often is litter scooped, and how often do you wash the box(es)?**

**Does the cat cover urine/feces in the box?**

**Will the cat immediately use a freshly cleaned litter box?**

**Will the cat eliminate in the presence of other animals or people?**

**Does the cat ever vocalize while it eliminates?**

**Does the cat ever run out of the box after eliminating?**

## **Diet and Feeding**

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**What do you feed your cat? (Please be specific, e.g. brand name)**

**Has your cat's appetite (increased, decreased, no change)?**

**How much do you feed? (please be specific) How often?**

**What is your cat's favorite treat?**

## **Home Environment**

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**Please list the people, including yourself, living in your household:**

**Please list all animals in the household: Name, Species, Breed, Sex, Age Obtained, Age Now**

**In what sequence were the above animals obtained?**

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

**What type of area do you live in? (City/ Suburb/ Rural)**

**Have you moved since acquiring your cat? If yes, how many times?**

**Has your household (people or animals) changed since acquiring your cat? If yes, please describe:**

**Does your cat go outdoors?**

**Home Environment**

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**How do you play with your cat?**

**Does your cat go outdoors?**

**How does your cat behave with adult visitors/children?**

**How does your cat behave at the veterinary hospital?**

**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 types of toys are used by your cat?**

**What is your cat's general activity level?**

**Low**

**Average**

**High**

**Excessive**

**How would you describe your cat's personality?**

## **Medical History**

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**Is your cat up-to-date on vaccinations?**

**Please give a brief medical history, including any recurring problems/treatments.**

**Has your cat recently had blood or urine testing?**

**Is your cat currently on any prescribed medications or supplements? If so, for what conditions?**

**Has your cat ever taken medication for behavioral problems? If yes, please list drug and dosage and when taken.**

## **Expectations**

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**What are your goals and expectations regarding the appointment?**

**Any Additional Comments:**

**If you think a floor plan or drawing of your house would be helpful, please feel free to bring one along for your appointment.**