

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

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

Preferred Pronouns: \_\_\_\_\_

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 Paws      All Four Paws

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

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

Who were you referred to our clinic by? \_\_\_\_\_

(please provide name)

We may offer treats during the consultation. Please let us know if that is OK and if so, does your cat have any food allergy/ sensitivity?

Please provide the names of additional family and pets members and their ages in the household (age, sex, breed), as well as the order of acquisition for the pets.

### **Behavior Problem**

\*What is the primary behavior problem or complaint?

Additional problems, please list:

How frequently do the problem(s) occur? (how many times daily, weekly or monthly)

When did the problems first start to occur?

What have you done so far to try and correct the problem(s)?

\*What are some good qualities about your cat?

### **Cat's Background**

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?

Have you owned cats before? Yes      No

How would you describe your cat's overall personality now?

## **Elimination Behavior**

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?

Does the cat ever vocalize while it eliminates?

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

### **Diet and Feeding**

What do you feed your cat? (Please be specific about the brand name, amount of food and when given)

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

What is your cat's favorite treat?

### **Home Environment**

What is your cat's relationship to the other animals in the household (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?

## **Social Behavior:**

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?

Does your cat vocalize? When? Please be specific (Ex. Meow, hiss, growl)

How do you play with your cat?

What types of toys are used by your cat?

What is your cat's general activity level?

Low            Average            High            Excessive

## **Medical History**

\*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, supplements or have you used pheromone products for behavioral problems? If yes, please list drug and dosage and when taken.

### **Expectations**

\*What are your goals for you and your cat with working with a veterinary behavior clinic?

Any Additional Comments:

**Please send photos and videos of your home layout, including the locations of the litter boxes, resting places, or any other important information to our email: [info@indianavetbehavior.com](mailto:info@indianavetbehavior.com), or please bring them to your initial consultation appointment.**