Please make sure to complete ALL sections of this form. Thank you!

Today's Date: _____
Name: _____
Preferred Pronouns:
_____

Address: _____

Our team's primary method of correspondence with clients is by email. Please let us know which email is best to reach you at below:

Primary Email: _____

Primary Phone: _____

I agree to receive text message appointment reminders from Veterinary Behavior of Indiana at the phone number listed above.

Yes No

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 their ages:

Names of additional pets in 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 improve 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? When did you acquire him/her (date if known)?

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?

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.

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?

Daily Schedule

Please briefly describe a typical 24-hour day in your cat's life and **when the problem behaviors occur:**

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

How do you play with your cat?

What types of toys are used by your cat?

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?

Home Environment

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

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

Does your cat go outdoors?

Are there outdoor cats near your home? If yes, please describe what is your cat's behavior towards seeing an outdoor cat?

Social Behavior:

What is your cat's relationship to each family member in the household (e.g. friendly, hostile, fearful)? Please describe:

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

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

Has your cat ever gotten into a fight or altercation with another pet in your home? If yes, please describe:

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)

Expectations

*What are your goals for you and your cat while 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, or please bring them to your initial consultation appointment.