Lincoln Land Animal Clinic, Ltd.  
Animal Behavior Services  
Colleen S. Koch, DVM  
1150 Tendick St.  
Jacksonville, IL 62650  
217-245-9508  
www.lincolnlandac.com  
Feline Behavior History Form [llanimalclinic@yahoo.com](mailto:llanimalclinic@yahoo.com)

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| **Owner Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address / City and State: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Home and Cell Phone: | | | | | | | | | | | | | | Home:       Cell: | | | | | | | | | | | | | | | | | | |
| Employer’s Name: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Employer’s Address City, State and Zip: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Work Phone: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Preferred method and time to contact you | | | | | | | | | | | | | | Method: ; Time: | | | | | | | | | | | | | | | | | | |
| Preferred Local Pharmacy: | | | | | | | | | | | | | | Name:       Phone #:       Fax #: | | | | | | | | | | | | | | | | | | |
| Family Veterinarian | | | | | | | | | | | | | | Name:       Phone #:       Fax #:  Email: | | | | | | | | | | | | | | | | | | |
| Referred by: | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | | | | |
| **Basic Patient Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient’s Name: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Age: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Breed & Color: | | | | | | | | | | | | | | Breed:       Color: | | | | | | | | | | | | | | | | | | |
| Sex: | | | | | | | | | | | | | | Female  Male | | | | | | | | | | | | | | | | | | |
| Spayed or Neutered: Age when performed: | | | | | | | | | | | | | | Spayed  Neutered | | | | | | | | | | | | | | | | | | |
| Is your cat declawed? If so at what age? | | | | | | | | | | | | | | No  Yes;  Front  Back  Both; | | | | | | | | | | | | | | | | | | |
| Weight: Body Condition Score: | | | | | | | | | | | | | | lbs       kg | | | | | | | | | | | | | | | | | | |
| Date and Age when acquired (if known): | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
| How long have you owned the pet: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Source: | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | | | |
| Litter size (if known): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Age when weaned (if known): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| If obtained as a kitten how was the kitten raised: | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | | | |
| Primary purpose for which kitten was obtained: | | | | | | | | | | | | | | Adult's pet  Family Pet  Children's pet  Show cat Breeding  Farm/outside  Looks Other: | | | | | | | | | | | | | | | | | | |
| If the cat was previously owned, for what primary purpose was the cat kept: | | | | | | | | | | | | | | Adult's pet  Family Pet  Children's pet  Show Breeding  Farm/outside  Don't know  Research/ teaching Other: | | | | | | | | | | | | | | | | | | |
| How did you select this particular cat: | | | | | | | | | | | | | | Breeder selected  No Choice  Most timid/shy  Most outgoing  Biggest  Assertive  Smallest  Submissive  Looks  N/A  Other: | | | | | | | | | | | | | | | | | | |
| Describe your cat's personality as a kitten: | | | | | | | | | | | | | | To Owner:  Friendly  Aloof Aggressive  Shy  To Strangers:  Friendly  Aloof Aggressive  Shy  Happy outgoing Anxious  Inhibited  Submissive  Hyper-excitable  Fear of noises  Fearful of environment  Don't know Other: | | | | | | | | | | | | | | | | | | |
| Describe your cat’s current personality: | | | | | | | | | | | | | | To Owner:  Friendly  Aloof  Aggressive  Shy  To Strangers: Friendly  Aloof  Aggressive  Shy  Happy outgoing Anxious  Inhibited  Submissive  Hyper-excitable  Fear of noises  Fearful of environment Other: | | | | | | | | | | | | | | | | | | |
| Has your cat been bred? | | | | | | | | | | | | | | Yes  No  Don't know | | | | | | | | | | | | | | | | | | |
| If bred how many litters? Average litter size: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| How much interaction did the kitten have with people in the first year of life: | | | | | | | | | | | | | | Household members  Occasional guests  Frequent guests  Children < 6yrs  Children 7-11 yrs  Children >12 years  Veterinary clinic  Groomer  Don’t know | | | | | | | | | | | | | | | | | | |
| What method of litter training was used: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Your reaction to mistakes during house training: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Was there any interaction with other kittens/cats, provide details: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Did your cat attend kitten parties? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |
| **Current Members Dwelling in the Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the home environment by listing the name of each family member living at home as well as frequent visitors. Please put a \*\* next to the primary caregiver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | Family Relationship | | | | | | Age: | Sex: | | | | | Occupation: | | | | | | Describe how they get along with the cat: | | | | | | | | | | Present at consult: | |
|  | | |  | | | | | |  |  | | | | |  | | | | | |  | | | | | | | | | |  | |
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| **Your Pets Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please feel free to send pictures, diagrams and or videos to help us better understand the layout of your house, yard and your pets environment, including litter boxes, windows, doors, feeding areas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What type of home do you have:  If other, provide details: | | | | | | | | | | | | | | Apartment  House  Condo  Townhome  Other Details: | | | | | | | | | | | | | | | | | | |
| What type of area do you live in: | | | | | | | | | | | | | | Urban  Suburban  Rural  Busy/lots of activity  Quiet  Moderate  Other Details: | | | | | | | | | | | | | | | | | | |
| What areas of your home does your cat have access to: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Do you have a backyard? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |
| If yes, what type of fencing/containment do you use for your cat: | | | | | | | | | | | | | | Chain link /livestock  Privacy  Invisible fence  Outdoor kennel  Other Height of fence:       Details: | | | | | | | | | | | | | | | | | | |
| **Other Household Pets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you owned cats previously? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Have you owned this breed of cat previously? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Have you owned other pets previously? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Please list ALL the animals in the household in the sequence they were obtained.  Please describe the nature of the cat's interaction with this pet (eg occasional growls, avoidance, plays) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | Age obtained | | | | Age current | | Weight | | | | | | Species/ Breed | | | | | | Spayed or Neutered | | | | Interaction | | | | | | |
|  | | | |  | | | |  | |  | | | | | |  | | | | | | Yes  No | | | |  | | | | | | |
|  | | | |  | | | |  | |  | | | | | |  | | | | | | Yes  No | | | |  | | | | | | |
|  | | | |  | | | |  | |  | | | | | |  | | | | | | Yes  No | | | |  | | | | | | |
|  | | | |  | | | |  | |  | | | | | |  | | | | | | Yes  No | | | |  | | | | | | |
| **Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last veterinary visit | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| What are the most recent set of vaccinations received and date, select all that apply: | | | | | | | | | | | | | | | | | Date:        Date:        Date:       Other:       Date: | | | | | | | | | | | | | | | |
| Date dewormed: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Provide medical history (infection/surgeries) and prescribed treatment: | | | | | | | | | | | | | | | | | History:       Treatment:  History:       Treatment:  History:       Treatment:  History:       Treatment: | | | | | | | | | | | | | | | |
| Current/regular medications: (Such as allergy/heartworm/herbal/over the counter/pain medication/ supplements/topical flea and tick, etc.) Route administered= oral, topical, eyes, ears, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication:       Dose:  Medication:       Dose:  Medication:       Dose:  Medication:       Dose:  Medication:       Dose: | | | | | | | | | | | | | | | | | Route:       Frequency given:  Route:       Frequency given:  Route:       Frequency given:  Route:       Frequency given:  Route:       Frequency given: | | | | | | | | | | | | | | | |
| Has there been any change in: Drinking-  Eating- | | | | | | | | | | | | | | | | | Yes  No Details:  Yes  No Details: | | | | | | | | | | | | | | | |
| Have you noticed any of the following: | | | | | | | | | | | | | | | | | Coughing  Sneezing  Vomiting  Diarrhea  Hairballs | | | | | | | | | | | | | | | |
| Has your cat ever been treated for their behavior in the past? If so, describe treatment and medication  (if applicable): | | | | | | | | | | | | | | | | | Yes  No If so, describe treatment:  Medications:       Dose:  Medications:       Dose:       Medications:       Dose:  Medications:       Dose: | | | | | | | | | | | | | | | |
| Does your pet have or ever had any seizures: | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| **Diet and Feeding Habits** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type(s) of Food: % of each  Brand(s): (i.e.: Purina, Friskies, Eukanuba…) | | | | | | | | | | | | | | | | | Dry:       Can:       Table scraps:  Special meal:       Brand(s): | | | | | | | | | | | | | | | |
| Who is primarily responsible for the feeding: | | | | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | |
| How much food is given:  What is the approximate time(s) of day : | | | | | | | | | | | | | | | | | How much food:  Time of Day: | | | | | | | | | | | | | | | |
| Feeding schedule is:  Describe the feeding process: | | | | | | | | | | | | | | | | | Consistent  Varies | | | | | | | | | | | | | | | |
| Where is the cat fed (physical location): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Where is the cat fed in relation to other cats/ pets in the household: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Is the cat protective of their food (growl, snap, hiss swat, or bite)? If so, provide details: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| Describe your cat’s appetite:  What speed do they typically eat at: | | | | | | | | | | | | | | | | | Good  Average  Poor  Fast  Slow | | | | | | | | | | | | | | | |
| Do you have to be present for your cat to eat? | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| What are your cats favorite foods: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Do you give your cats treats?  If yes, is it contingent on behavior?  If yes, describe how treats are used: | | | | | | | | | | | | | | | | | Yes  No Types of treats:  Yes  No  How treats are used: | | | | | | | | | | | | | | | |
| How much does your cat drink in a day (in pints or liters): How many water bowls are provided: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Do you add any supplements to their diet?  If so, provide details: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| How many litter boxes are there? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Location of litter boxes: | | | | | | Living area  Spare room Basement  Kitchen  Laundry room  Hallway Bathroom  Closet  Other Details: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of litter box: | | | | | | Open  Automatic/self cleaning  Covered (top; front entrance)  Other Dimensions: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of litter: | | | | | | Clumping  Shavings  Sand  Clay  Crystals  Newspaper (Pelleted, Shredded) Wheat or corn based  Deodorized  Scented  Unscented  Consistent  Varies  Liners used ( Yes  No;  Always  Varies)  Other Details: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Litter box maintenance: | | | | | | Scooped:  Washed: Products used to wash:  Completely emptied: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Litter box habits: | | | | | | Cat scratches litter before (Yes No) & after elimination (Yes No)  Cat covers feces:  Yes  No Other:  Cat puts all four feet in box:  Yes  No  If no, describe which feet are out and where they are placed:  Does your cat vocalize when eliminating?  Yes  No  If yes, is it during: Urination:  Yes  No  Sometimes  Always;  Bowel movements:  Yes  No  Sometimes  Always;  Describe any other unusual litter box habits: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elimination outside of the box. | | | | | | Yes  No . If yes, Please draw a diagram of your house showing the locations of litter boxes, sleeping areas (humans and pets), feeding areas, water bowls, doors and windows as well as placed the cat has eliminated. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Daily Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where does your cat sleep: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| When does your cat get up in the morning: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Does your pet ever wake you at night?  If yes, how often and any idea why: | | | | | | | | | | | | | | | | | Yes  No  How often: | | | | | | | | | | | | | | | |
| Does your cat get to go outside? If so how long do they like to stay out: | | | | | | | | | | | | | | | | | Yes  No  How long: | | | | | | | | | | | | | | | |
| How does your cat ask to go outside: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Does your cat roam free in the yard: | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| What type of exercise does your cat receive:  If other, provide details: | | | | | | | | | | | | | | | | | Walk  Fetch  Laser  Food puzzles Details: | | | | | | | | | | | | | | | |
| Exercise schedule including average hour/day | | | | | | | | | | | | | | | | | < 1/week  once/day  twice/day  3x/day  several times/week  >3x/day  Other  Consistent  Varies Details: | | | | | | | | | | | | | | | |
| Is there any specific time devoted to play or training on a daily basis: | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | |
| Does your cat play games with you or other family members? If yes, provide details: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| Who initiates play: | | | | | | | | | | | | | | | | | Cat  People | | | | | | | | | | | | | | | |
| What types of toys does your cat play with:  If other, provide details: | | | | | | | | | | | | | | | | | Balls  Squeaky toys  Crinkle toys  Fake mice  Catnip  Feather toys  Other Details: | | | | | | | | | | | | | | | |
| Where does your cat stay during the day when  no one is home: | | | | | | | | | | | | | | | | | Cage  Specified Room  Free Run (in house)  Free Run (fenced yard)  Outside cage  Basement  Garage  Other Describe: | | | | | | | | | | | | | | | |
| Typically, how long is your cat left alone without people on any given day: Consistent or varied? | | | | | | | | | | | | | | | | | Consistent  Varies | | | | | | | | | | | | | | | |
| Does your cat ever engage in the following behaviors while you are gone?  If so, is it every time you are gone?  Have you ever videotaped your cat while gone? | | | | | | | | | | | | | | | | | Vocalize  Destructive behaviors  Urinate (outside of the litter box)  Defecate (outside of the litter box)  Self licking/chewing  Yes  No  Yes  No | | | | | | | | | | | | | | | |
| What does your cat do when you arrive at home? | | | | | | | | | | | | | | | | | Details: | | | | | | | | | | | | | | | |
| What does your cat do during family meals: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Has there been any change in your household routine (new baby, new work hours…)?  If yes, provide details: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| List 5 things your cat likes the most (activities, food, toys…) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Training** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How would you rate your cats learning ability: | | | | | | | | | | | | | | | | | Poor  Fair  Average  Excellent | | | | | | | | | | | | | | | |
| Please describe any training that you or someone else has done with your cat: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Does your cat know any tricks: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| How do you correct your cat when he/she misbehaves: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Type of Discipline Used** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of discipline | Describe method | | | | | | | | Situations that method is used | | | | | | | | | | Pet's Response | | | | | | Improves behavior | | | | Behavior is | | | |
| None ever |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Verbal reprimand |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Distraction |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Redirection |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Startling |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Physical |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Shock |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Time out |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Shake down or scruff |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Roll over |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Water |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Noise can or  Air can |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Other |  | | | | | | | |  | | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| **Interaction With Family Members** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reaction to handling – Is there any aggression in the following circumstances? This can include growling, hissing, lunging, slapping, showing teeth, or even biting. If biting please describe the injury.  Fill out the following tables depicting your feline’s typical reaction:  In each box,      , describe the typical type of aggression (growling, hissing, slapping, biting, etc) shown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Aggression | | | | | Aggression is directed at: (include all individuals and circumstances) | | | | | | | | | | | | If not aggressive, what does your pet do in these situations | | | | | | | | |
| Hugging | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Reaching over / petting head | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Petting cat elsewhere | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Disturbed when resting | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Disciplining | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Taking food away | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Taking other objects | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Grooming/Brushing | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Nail trimming | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Bathing | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Grasping collar or restraining | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Roughhousing | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Lifting the cat up | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Physical punishment | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Taking on/off collar | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Staring at cat | | | | | | | Yes No | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| **Interaction With Others** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How does your cat behave when visitors come to the house (i.e. –Hiding, hissing, door charging):  How do you respond? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Is the behavior different towards **familiar** and **unfamiliar** people? If yes, provide details: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| Does your cat display aggression (growling, hissing, slapping, biting) to visitors **inside** your home?  If yes, provide details: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| Has your cat ever bitten or attacked anyone?  If yes, how many: | | | | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | |
| What is your cat’s response to: Frequent visitors: Occasional visitors: Rare visitors: | | | | | | | | | | | | | | | | | Frequent:  Occasional:  Rare: | | | | | | | | | | | | | | | |
| **Describe your pet's reaction in the following situations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familiar men | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Familiar women | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Familiar babies | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Familiar children, 1-6 yrs old | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Familiar children, 7-11 yrs old | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Familiar children 12-18 yrs old | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Unfamiliar babies | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Unfam children, 1-6 yrs old | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Unfam children, 7-11 yrs old | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Unfam children,12-18 yrs old | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Other animals (cats, dogs, birds) | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Crowds/busy areas | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Unfamiliar cats on property | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Carrier or crate | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Riding in the car | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Vacuum cleaner and/or broom | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| Thunder and or loud noises | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | | | | |
| **Behavior at pet care facilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veterinary office | | | | | Happy to greet everyone, friendly  Neutral  Fine  Cowers, fearful  Struggles to get away/escape  Aggressive with restraint  Aggressive as soon as approached  Needs to be muzzled  Needs to be sedated  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Groomers | | | | | Happy to greet everyone, friendly  Neutral  Fine  Cowers, fearful  Struggles to get away/escape  Aggressive with restraint  Aggressive as soon as approached  Needs to be muzzled  Needs to be sedated  Other  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boarding Facility | | | | | Happy to greet everyone, friendly  Neutral  Fine  Cowers, fearful  Struggles to get away/escape  Aggressive with restraint  Aggressive as soon as approached  Needs to be muzzled  Needs to be sedated  Other  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bite History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your cat ever bitten: | | Who / Name | | | | | | | What part of body | | | | | | | | Did it break the skin | | | | | | Severity | | | | | | Trigger (what instigated the bite) | | | |
| Person  Yes No | |  | | | | | | | Details: | | | | | | | | Yes No | | | | | | Details: | | | | | | Details: | | | |
| Another cat  Yes No | |  | | | | | | | Details: | | | | | | | | Yes No | | | | | | Details: | | | | | | Details: | | | |
| Household pet  Yes No | |  | | | | | | | Details: | | | | | | | | Yes No | | | | | | Details: | | | | | | Details: | | | |
| Other animal  Yes No | |  | | | | | | | Details: | | | | | | | | Yes No | | | | | | Details: | | | | | | Details: | | | |
| Other  Yes No | |  | | | | | | | Details: | | | | | | | | Yes No | | | | | | Details: | | | | | | Details: | | | |
| Is there legal action pending due to your cat's aggressive behavior? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| When does your cat's rabies vaccine expire? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **The Current Problems** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presenting problems (in order of importance) | | | | | | | | | | | | | Goals and acceptable outcomes | | | | | | | | | | | | | | | | | | | |
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| **Problem History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary problem to be addressed | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Is this a chronic (constant) or intermittent problem: | | | | | | | | | | | | | | | | | Chronic  Intermittent | | | | | | | | | | | | | | | |
| Where does the problem commonly occur: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Who is present: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| How often: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| When was the first incident? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Where there any changes at that time? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| If house soiling, does it occur when you’re: | | | | | | | | | | | | | | | | | Home  Away  Both | | | | | | | | | | | | | | | |
| If destructive, does it occur when you’re: | | | | | | | | | | | | | | | | | Home  Away  Both | | | | | | | | | | | | | | | |
| What triggers the incident? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Additional details surrounding the problem: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| What was the cat’s reaction to your response: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Was there any punishment? If so, what: | | | | | | | | | | | | | | | | | Yes  No Punishment: | | | | | | | | | | | | | | | |
| Was there a bite wound: | | | | | | | | | | | | | | | | | Puncture  Tear  Other | | | | | | | | | | | | | | | |
| Prior to this incident, describe the previous three incidents: | | | | | | | | | | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | |
| How frequently does this type of incident occur: | | | | | | | | | | | | | | | | | Multiple times a day  Daily  Several times a week  Weekly  Monthly Other: | | | | | | | | | | | | | | | |
| Does this problem occur when left alone: | | | | | | | | | | | | | | | | | Always  Sometimes  Never | | | | | | | | | | | | | | | |
| Does this problem occur when family members are present: | | | | | | | | | | | | | | | | | Always  Sometimes  Never | | | | | | | | | | | | | | | |
| What has been done to correct the problem: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Is the problem getting: | | | | | | | | | | | | | | | | | Better Worse No Change | | | | | | | | | | | | | | | |
| Do you suspect any cause: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Previous treatment (s): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| After previous treatment the behavior was: | | | | | | | | | | | | | | | | | Better Worse No Change; Details: | | | | | | | | | | | | | | | |
| Were medications or natural remedies used? | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | | |
| **Name of medications/ remedies used** (to alter behavior) | | | | | | | | | **Dose** | | **How long used** | | | | | | | | | **Effect** | | | | | | | **Side effects** | | | | | |
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| **Relationship with Feline** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How would you describe your/ family’s relationship with this cat: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What are your/family’s feelings about the cat’s present behavior: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What is your expectation for change: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| How would you describe the severity of this problem? | | | | | | | | | | | | | | | | | | Mild  Moderate  Severe | | | | | | | | | | | | | | |
| Have you considered removing your pet from the home if the problem cannot be improved? | | | | | | | | | | | | | | | | | | Yes  No Comment: | | | | | | | | | | | | | | |
| Under what circumstances would you consider relinquishing the cat to a shelter or rescue: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Have you considered euthanasia? | | | | | | | | | | | | | | | | | | Yes  No Comment: | | | | | | | | | | | | | | |
| What are acceptable outcomes following behavior treatment if the pet cannot be “cured”? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Please list any other information that you think might be helpful in the diagnosis of your pet. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| How do you learn best? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Please check the statements that best describe how you are feeling** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am here out of curiosity; the problem is not serious. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I would like to change the problem, but it is not serious. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The problem is serious and I would like to change it; if it remains unchanged that's all right. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The problem is serious and I would like to change it; if it remains unchanged I will keep my cat. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The problem is serious and I would like to change it; if it remains unchanged I will euthanize my cat or give him/her up. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Please check the statements that best describe how you feel about using medication to treat your pet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I wish to use **behavior modification alone** to improve my pet's behavior. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I wish to use behavior modification alone but **will consider using medication** if it is recommended. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I wish to use **a combination** of behavior modification and medications to improve my pet's problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I wish to use a combination of **behavior modification and natural supplements** to improve my pet's behavior problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I fully anticipate using **medications** to improve my pet's problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I am concerned about using medication or behavior modification because: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Other Problems** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urine Marking | | | | Yes No | | | | | Diarrhea/ vomiting | | | | | | | | | Yes No | | | | | House soiling | | | | | | | Yes No | | |
| Nervous/anxious | | | | Yes No | | | | | Meowing/howling/ crying | | | | | | | | | Yes No | | | | | Rolling in unsavory items | | | | | | | Yes No | | |
| Demands attention | | | | Yes No | | | | | Demands touch | | | | | | | | | Yes No | | | | | Jumps up on people | | | | | | | Yes No | | |
| Wants own way | | | | Yes No | | | | | Aggressive to owners | | | | | | | | | Yes No | | | | | Aggressive to strangers | | | | | | | Yes No | | |
| Aggr. to cats in household | | | | Yes No | | | | | Aggr. to strange cats | | | | | | | | | Yes No | | | | | Aggr. to other animals | | | | | | | Yes No | | |
| Anorexia | | | | Yes No | | | | | Chewing objects | | | | | | | | | Yes No | | | | | Coprophagia | | | | | | | Yes No | | |
| Compulsive eating | | | | Yes No | | | | | Compulsive drinking | | | | | | | | | Yes No | | | | | Eating Grass/ Plants | | | | | | | Yes No | | |
| Pica | | | | Yes No | | | | | Eating garbage | | | | | | | | | Yes No | | | | | Prey catching | | | | | | | Yes No | | |
| Stealing food | | | | Yes No | | | | | Light/shadow chasing | | | | | | | | | Yes No | | | | | Depressed inappetent | | | | | | | Yes No | | |
| Fly snapping | | | | Yes No | | | | | Air/mouth licking | | | | | | | | | Yes No | | | | | Scratching self | | | | | | | Yes No | | |
| Licking self | | | | Yes No | | | | | Sucking on self | | | | | | | | | Yes No | | | | | Chewing on self | | | | | | | Yes No | | |
| Cannibalism | | | | Yes No | | | | | Checking hind end | | | | | | | | | Yes No | | | | | False pregnancy | | | | | | | Yes No | | |
| Masturbation | | | | Yes No | | | | | Mounting people | | | | | | | | | Yes No | | | | | Mounting animals | | | | | | | Yes No | | |
| Self nursing | | | | Yes No | | | | | Circling/whirling | | | | | | | | | Yes No | | | | | Tail biting | | | | | | | Yes No | | |
| Hyper reactive | | | | Yes No | | | | | Pacing, figure 8s | | | | | | | | | Yes No | | | | | Lameness/cond. | | | | | | | Yes No | | |
| Digging | | | | Yes No | | | | | Scratching objects | | | | | | | | | Yes No | | | | | Freezing | | | | | | | Yes No | | |
| Fear of thunder | | | | Yes No | | | | | Fear of people | | | | | | | | | Yes No | | | | | Fear of situations | | | | | | | Yes No | | |

Thank you for filling this questionnaire out.

Please download the “Preparing for your consult form” and the “Release form.”

If there is any other information that you feel will help me diagnose and treat your pet please feel free to elaborate.