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

|  |
| --- |
| **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 [ ]  ShyTo 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 [ ]  ShyTo 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:  |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **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 eachBrand(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 [ ]  NoDetails:       |
| 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 [ ]  NoDetails:       |
| 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 [ ]  NoHow often:       |
| Does your cat get to go outside? If so how long do they like to stay out: | [ ]  Yes [ ]  NoHow 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 [ ]  NoDetails:       |
| 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 [ ]  NoDetails:       |
| 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 orAir 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 [ ]  NoDetails:       |
| Does your cat display aggression (growling, hissing, slapping, biting) to visitors **inside** your home? If yes, provide details: | [ ]  Yes [ ]  NoDetails:       |
| Has your cat ever bitten or attacked anyone?If yes, how many: | [ ]  Yes [ ]  NoDetails:       |
| 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 |
|       |       |
|       |       |
|       |       |
|       |       |
| **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** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **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.