



Feline Behavior History Form

Please complete form and return to GreenTree Animal Hospital 48 hours prior to your appointment.

Owner Information:

Name:
Address:
Phone: Home:
Work:
Cell:
Email:
Best method to contact:

Patient Information:

Name: Age:
Gender: Male Female Neutered/Spayed: Yes No
Breed:

Medical History:

List any medications that your pet has received in the past month or is currently taking:

List any medications, including homeopathic remedies, that your pet has ever received for the treatment of a behavioral problem:

Does your pet have any preexisting or current medical problems?

Yes

No

If yes, please list:

Is your cat declawed?

Yes (circle one) front feet only all four feet

No

Has your pet ever had a seizure?

Yes

No

Household Information:

Please list all members of your household, include ages of children and hours away from home.

Name	Gender	Age	Relationship (self husband, wife, etc.)	Hours away/day
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Please list all household pets, including the patient, in the order acquired:

Name	Species	Breed	Gender	Age	Age acquired
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Background Information:

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

Where did you acquire this pet from?

- stray/found
- professional breeder
- hobby breeder
- humane shelter/SPCA
- rescue group
- newspaper adoption (not breeder)
- pet store
- friend
- other (please explain)

Why did you get this pet?

- family pet
- for breeding
- other (describe)

Describe your pet as a kitten:

- friendly
- shy
- outgoing
- fearful
- aggressive
- playful
- other

Is your pet (please check all that apply):

- allowed to run free, unsupervised when outside
- always enclosed in a contained area when outside
- outdoors only
- indoors only

What percentage of the day does your pet spend inside?

- 0–25%
- 25–50%
- 50–75%
- 75–100%

What kind of living situation do you have?

- apartment
- townhouse/condominium
- house with small yard
- house with large yard
- farm/rural property

Is your pet fed:

- free choice (bowl is kept full of food)
- one meal per day
- two meals per day

more than two meals per day

Is your pet fed treats on a daily basis?

Yes

No

Have you had pets before?

dogs

cats

other

none

Is your pet allowed on furniture?

yes, all furniture

yes, only specific pieces

yes, only if invited

no, but gets on anyway in presence and absence of people

no, but gets on furniture in absence of people

no, to my knowledge never gets on furniture

Where is your pet when left home alone?

free in house

outside house; describe:

restricted to certain areas in house

Do you play with your pet routinely? Yes No

If yes, describe a typical play episode:

How many litter boxes do you have?

0

1

2

3

4

>4

Describe the litter boxes (check all that apply and put in parentheses the number of boxes for which the description is true):

Number

open ()

covered ()

large ()

small ()

liner ()

no liner ()

What kind of litter do you put in the boxes (check all that apply)?

clumping litter

plain clay

scented

unscented

- playground sand
- large pellets
- wheat litter
- cedar chips
- varies with each purchase
- other, please specify:

Where are the litter box(es) located (check all that apply)?

- closet
- kitchen
- bathroom
- bedroom
- attic
- laundry room
- living room
- basement
- stairwell
- other

Does your cat use a scratching post?

- yes
- no

Reaction to handling by family members

Does your pet show aggression in the following circumstances? (This can include growling, hissing, snarling (showing teeth), lunging, nipping, snapping, or biting.) Please fill in the chart: (Y=Yes, N=No, N/A=doesn't apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising).

	Adult owner (female)	Adult owner (male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Taking food away				
Taking other objects				

Behavioral Problem:

Please use the chart below to list the behavioral problem(s) that you wish to address, and how much of a problem do you consider the behavior to be?

Behavior Problem	very serious	serious	not serious

Describe a typical episode of the behavioral problem(s):

The behavior occurs times per day / week / month

Describe the first incident (including date):

Describe the most recent episode (including date):

Has the frequency of the behavior increased / decreased / remained unchanged?

Has the intensity of the problem increased / decreased / remained unchanged?

Have there been any changes in the household (new pet, new family member, schedule change, etc.)? if so, describe:

What have you tried to do to change the problem behavior? Please list all things you have tried whether they have been useful or not.

Have you considered finding another home for your pet?	Yes	No
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Have you considered euthanasia (putting your pet to sleep)?	Yes	No
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Is there any other information you would like to add?