

Name: _____

Date: _____

Feline Behavior Case Form
Owner's Pre-Evaluation Information

Household: # of adults (>18yrs): _____ # of Children: _____ Ages of children: _____

Please list occupation of adults in household: _____

Who is the primary caretaker of the cat?:

- Husband Wife Child N/A Other _____

of cats (including patient): _____ # of dogs: _____

	NAME	BREED	SEX	AGE (yrs)	RANK*
PATIENT	_____	_____	_____	_____	_____
CAT 2	_____	_____	_____	_____	_____
CAT 3	_____	_____	_____	_____	_____
CAT 4	_____	_____	_____	_____	_____

*when there are multiple cats in a household one tends to be the most dominant (leader) and the others rank downward from there to the least dominant (submissive to other cats in household). The dominant cat ranks 1.

Patient Information:

Weight (lbs): _____ Body condition: Thin 1 2 3 4 5 Obese

Age Patient was Spayed/Neutered: _____ years _____ months Unknown N/A

Current medical problem: _____

Current medication: _____ Dose: _____

_____ Dose: _____

Origin of Pet:

- Own breeding Pet shop Other _____
 Breeder Humane Society Don't know
 Private home Stray

Age pet was obtained: _____ years _____ months Unknown

If obtained as a kitten, how was the kitten raised?:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> In house | <input type="checkbox"/> Loose outside | <input type="checkbox"/> N/A |
| <input type="checkbox"/> In kennel/garage | <input type="checkbox"/> Don't know | <input type="checkbox"/> Other _____ |

If obtained as a kitten, how did you select that particular kitten from a litter?:

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Breeder selected | <input type="checkbox"/> Most timid | <input type="checkbox"/> Prettiest |
| <input type="checkbox"/> No choice | <input type="checkbox"/> Biggest | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Most outgoing | <input type="checkbox"/> Smallest | <input type="checkbox"/> N/A |

If previously owned by someone else, for what primary purpose was the cat kept?:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Adult's pet | <input type="checkbox"/> Breeding | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Farm/outside cat | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Children's pet | <input type="checkbox"/> Research/teaching | |
| <input type="checkbox"/> Show | <input type="checkbox"/> Don't know | |

Is the cat declawed?: No Front only Front and back

Age at declawing: _____ years _____ months unknown

Primary purpose for which cat was obtained:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Adult's pet | <input type="checkbox"/> Breeding | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Show | |
| <input type="checkbox"/> Children's pet | <input type="checkbox"/> Farm/outside cat | |

Average # hours cat is left alone per weekday: _____

Schedule on weekdays: Is consistent Varies

Where is the cat when left alone?:

- | | | |
|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Cage | <input type="checkbox"/> Garage | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Confined in a room | <input type="checkbox"/> Outside | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Loose in living area | <input type="checkbox"/> Basement | |

Where is the cat at night?:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Cage | <input type="checkbox"/> Basement | <input type="checkbox"/> On person's bed |
| <input type="checkbox"/> Confined in a room | <input type="checkbox"/> Garage | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Loose in living area | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Other _____ |

Average hours of being outside per weekday: _____

Schedule: Is consistent Varies during week



Type of discipline:

- none ever
- response substitution
- verbal reprimand
- startling
- physical
- time out
- water
- other _____



Diet:	%	Brand/type (optional)
Dry	_____	_____
Canned	_____	_____
Table Food	_____	_____
Special Meal	_____	_____



Feeding schedule:

- 1/day
- 2x/day
- >2x/day
- food always available to pet
- Feeding schedule: is consistent Varies



Do you feed treats? yes no

If yes: Type: _____ Does your pet receive these contingent on behavior?: yes no



Fresh water provided:

- 1/day
- 2x/day
- >2x/day

Watering schedule:

- is consistent
- Varies



Number of dishes with feed: _____

Number of dishes with water: _____



Number of litter boxes: _____

Location of litter boxes (check all that apply):

- living area
- kitchen
- other: _____
- spare room
- laundry room
- basement
- hallway
- bathroom
- closet



Type of litter box:

- open
- covered
- varies



Type of litter:

- clumping
- newspaper
- clay
- sand
- shavings
- other: _____

Is litter: deodorized/scented no odor control don't know

Type of litter: is consistent varies N/A

Liners used?: always varies no

Litter box(es) scooped:
 <1x/week weekly several x/week daily >1x/day N/A

Litter box(es) washed:
 <1x/month monthly weekly several x/week daily N/A

Cleaner used:
 strong disinfectant bleach other: _____
 pine cleaner mild soap N/A
 lemon cleaner water only

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Thank you for your time! Please be certain to return this form to the clinic prior to your scheduled Behavior Appointment.