



Pet's name : _____

6-34 Southridge Drive * Okotoks, AB T1S 2G5 * Ph (403)938-3791

Feline Behaviour Consultation Form

Please fill out this form as completely and accurately as possible.
The information you provide is important in diagnosing and treating your pet's behaviour problem.

General Information

Date:	_____	Pet's Name:	_____
Name:	_____	Breed:	_____
Address	_____	Date of Birth:	_____
	_____	Sex:	_____
Postal Code:	_____	Weight:	_____
Home Phone:	_____	Colour:	_____
Work Phone:	_____		
Email:	_____		

Client's veterinarian

Doctor:	_____	Phone:	_____
Clinic:	_____	Fax:	_____
Address	_____	Email:	_____

Behaviour Complaint

What is the main behaviour problem or complaint?

How often does the problem occur (amount of times daily, weekly or monthly)?

What age was your pet when the problem began?

When did it become a serious concern?



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In what general circumstances does the problem behaviour occur?

Has this problem changed in frequency or intensity? (please describe)

Has this problem changed since it first began?

Describe the most recent incident (date : _____)

Describe the second most recent incident (date : _____)

Describe the third most recent incident (date : _____)

Describe the first incident (date : _____)

Other significant incidents :



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What have you done to try to correct the problem?

List any techniques that have had any success :

List any techniques that have made the problem worse :

How do you discipline your cat when it misbehaves?

Family/Relationships

Please list the people, including yourself, living in your household

Name	Age (if child)	Hours away from home / day

Describe how your cat gets along with each family member :



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Please list all other animals in the house

Name	Species	Breed	Sex	Age obtained	Age now

What is your cat's relationship with other animals (please describe) :

What type of area do you live in? (city, suburb, rural, etc) _____

What type of house do you live in? (house, duplex, apartment, townhouse, etc) _____

Have you moved since obtaining your cat? _____ Number of times: _____

Has your household changed since obtaining your cat? _____ If yes, please describe:

Cat's Information

Why did you obtain your cat?

Why did you choose this cat?

Where did you get this cat? _____

Have you owned cats before? _____ Why did you choose this cat over the others?

If known : how many littermates? Male: _____ Female: _____



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Describe your cat's behaviour as a kitten:

Empty text box for describing the cat's behavior as a kitten.

Has your cat had any other owners? _____ How many? _____ Why was the cat given up?

Empty text box for providing details about previous owners and reasons for being given up.

Food

Brand of food fed : _____

When fed? _____

How much do you feed? _____

Who feeds the cat? _____

Where fed? _____

What is your cat's favorite treat(s)?

Empty text box for listing the cat's favorite treats.

Environment

How do you play with your cat? :

Empty text box for describing play activities.

Does your cat go outside? _____

Does your cat use a pet door? _____

Is your cat supervised when outdoor? _____

How does your cat signal to go outside?

Empty text box for describing the cat's signals for going outside.

Describe a typical 24 hour day in your cat's life (morning – day – evening – night) :

Empty text box for describing a typical 24-hour day in the cat's life.

What percentage of time does your cat spend outdoors / indoors ? _____ % out _____ % in



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Social Behaviour

Where does your cat sleep at night?

Where is your cat when you have guests?

How does your cat behave with adult visitors?

How does your cat behave with visiting children?

How does your cat behave with the veterinarian?

Where is your cat when alone in the house?

How does your cat behave when you return home?

How does your cat respond to cats seen out of the window or in the yard?

When does the cat meow?

When does the cat hiss or growl?

What toys does the cat have?

Does your cat carry toys/objects or "mother" other animals? _____

What is your cat's activity level in general (circle one): _____

How would you describe your cat's personality? _____



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Sexual Behaviour

How old was your cat when it was neutered/spayed? _____
Why was this done?

Were there any behaviour changed after neutering?

Does your cat mount other cats? _____ Other animals? _____ People? _____
If yes, who or what is mounted?

If your cat is "intact" has he/she ever been bred? _____
If you have a female, was she a good mother? _____
Are you planning to breed your cat in the future? _____

Grooming

Does your cat groom, lick or bite him/herself excessively? _____ Does the cat's skin ripple? _____

Is your cat declawed? _____ If yes, declawed in the front only? _____ or all four paws? _____

What was the immediate aftercare(ie did you shred newspaper into litter pan)?

Did your cat use this litter? _____ Did the paws become infected after the surgery? _____

Does your cat use a scratching post or favorite scratching area? _____

Elimination Behaviour

Does you cat use a litter box? _____ How did you train your cat?

Does your cat ever eliminate in the house but outside the litterpan? _____

If yes, does your cat urinate? _____ or defecate? _____ or both? _____

How many litter pans do you have? _____



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Elimination Behaviour (Cont'd)

Where are they (please be specific: which room, floor etc)?

What kind of pans are they? (Check all that apply)

- commercial litter pan (size in inches: _____) dishpan
- commercial litter pan with removable "lip" cardboard box
- covered box, "booda" type (cat crawls into hole) covered box, "cave" type front door
- other: _____

How old is each pan?

Do you use a liner? If yes, what type (plastic, newspaper etc) _____

What kind of litter is used (please be specific)?

Have you recently changed brands?

How often is litter scooped? _____

How often is litter replaced? _____

How do you clean the box(es) and how often (please be specific)?

Does the cat cover urine and feces in the box? _____

Medical History

Was there an illness or health problem when the behaviour problem started?



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Aggression Screen (Cont'd)

Did your cat bite as a kitten? _____

Has your cat ever bitten hard enough to break the skin or cause injury? _____

If yes, please describe :

What parts of the body has the cat bitten and how severe were the injuries?

Describe a typical situation (including body language):

Scale of concern

Where are you on the scale below? Check one:

- I am here only out of curiosity 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 but if it remains unchanged that's all right
- The problem is very serious and I would like to change it but If it remains unchanged I will keep my cat.
- The problem is very serious and I would like to change it. If it remains unchanged I will have my cat euthanized or give him/her up.

Any other fact you think we need to know :