

Avery Animal Hospital  
 4507 Cemetery Road  
 Hilliard, Ohio 43026  
 (614) 876-5641  
 Fax (614) 876-2555

## Feline Behavior History

Date \_\_\_\_\_ Owner's Name \_\_\_\_\_ Veterinarian \_\_\_\_\_  
 Cat's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Please fill out this form in as much detail as possible and return it to our hospital **before** your behavior consultation.

Has your cat ever been bred? \_\_\_\_\_  
 Is your cat spayed or neutered? \_\_\_\_\_  
 How old was your cat when he/she was neutered? \_\_\_\_\_  
 Is your cat declawed? \_\_\_\_\_  
 How old was your cat when he/she was declawed? \_\_\_\_\_  
 Has your cat had other owners? If yes, why was the cat given up? \_\_\_\_\_

Where did you get your cat? \_\_\_\_\_  
 Why did you get your cat? \_\_\_\_\_

Please list all other pets in your household. List in order of acquisition

Name	Breed	Sex	Age acquired	Age now
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all family members who live in your home.

Name	Occupation	Sex	Age	Relationship (self, wife, etc)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe 24 hours in the life of your cat (wake, sleep, eat, play, etc)

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Where does your cat sleep? \_\_\_\_\_

Where is your cat fed? \_\_\_\_\_

Who feeds your cat? \_\_\_\_\_ How often is your cat fed? \_\_\_\_\_

How often does your cat get treats? \_\_\_\_\_

Why do you give your cat treats? \_\_\_\_\_

Does your cat get fed snacks from the table? \_\_\_\_\_

Does your cat go outside? \_\_\_\_\_

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Is your cat confined while outside? How? \_\_\_\_\_

How much time does your cat spend outside? \_\_\_\_\_

Does your cat live in a house, apartment, farm etc.? \_\_\_\_\_

How long is your cat left alone? \_\_\_\_\_

Where is the cat while left alone? \_\_\_\_\_

How much time each day is spent interacting and playing with your cat? \_\_\_\_\_

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Describe interaction/activities (10 minutes with cat wand, 15 minutes petting on lap, etc.)

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Describe your cat's personality. \_\_\_\_\_

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List any major illnesses your cat has had and how old your dog was at the time \_\_\_\_\_

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List any ongoing medical problems that your cat has. \_\_\_\_\_

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What medications or supplements does your cat take? \_\_\_\_\_

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Has your cat been evaluated or treated for any behavior problems in the past? If so, for what problem and how was it treated? \_\_\_\_\_

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How does your cat react as you prepare to leave? \_\_\_\_\_

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How does your cat react to strangers? \_\_\_\_\_

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At the veterinary hospital? \_\_\_\_\_

At the groomer's? \_\_\_\_\_

At the boarding kennel? \_\_\_\_\_

Describe the behavior problems you are having with your cat. \_\_\_\_\_

\_\_\_\_\_

When did the problem(s) first occur and how old was your cat? \_\_\_\_\_

How frequently does the behavior(s) occur? \_\_\_\_\_

Has the frequency or intensity of the behavior changed? \_\_\_\_\_

Have there been any changes in the household routine? (change in work hours, move, diet change, death of a house member, construction on house etc.) \_\_\_\_\_

If there have been any changes, did the behavior problems occur before or after the change? \_\_\_\_\_

If the behavior problem started before the changes, has there been any change in the frequency or intensity of the behavior? \_\_\_\_\_

Are you concerned you may have contributed to the behavior problem? If yes, how. \_\_\_\_\_

How do you react when your pet exhibits these behaviors? \_\_\_\_\_

How do others react? \_\_\_\_\_

What methods have you tried to correct the behaviors? \_\_\_\_\_

What effect have they had? \_\_\_\_\_

Are there any other behaviors that are objectionable to you? \_\_\_\_\_

Have you considered finding another home for your cat? \_\_\_\_\_

Describe your relationship with your dog. \_\_\_\_\_

Describe other household member's relationship with the dog. \_\_\_\_\_

What are your feelings about the behavior(s)? \_\_\_\_\_

What are your expectations for therapy? \_\_\_\_\_

Anything else you would like to add? \_\_\_\_\_

\_\_\_\_\_