

Texas Veterinary Behavior Services

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texasvetbehavior.com

Feline Behavior History Form

Behavior problems can be frustrating and difficult to correct. The information provided in the following questionnaire will be very important for accurate diagnosis and treatment of your cat's problem(s). Please be complete and provide as much detail as possible. When describing events and problems, detail your cat's specific behavior pattern and not your interpretation of what your cat is doing.

The more information you provide here, the less time we will need to spend during consult reviewing your cat's history. This allows us to spend more time discussing treatment steps. We strongly recommend that you fill this out on your computer and email it back to us. If we cannot read your handwriting, it will impair our ability to help your pet.

Owner: _____ **Date:** _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

Regular veterinarian: _____ **Phone:** _____

Address: _____

How/where did you hear about us? _____

Cat's name: _____ **Species:** _____

Age: _____ **Neutered?** _____ **If yes, at what age?** _____

Where did you obtain this cat? (E.g. breeder, friend, dog store, etc.): _____

At what age did you obtain this cat? _____

Why did you choose this breed of cat? _____

Why did you pick this particular cat and for what purpose? (e.g. show, companionship, breeding, etc.) _____

Is this your first experience as an adult with a cat? Yes No Of this breed? Yes No

List all medications your cat is currently receiving (including flea and heartworm prevention) or has received in the last 3 months and how long the dog has been taking them. Include dosing instructions. _____



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List all medical and surgical conditions affecting your dog and when they were done. _____

Is your cat declawed? Yes No

What is your cat's regular diet? Include brand and amount fed. Also indicate if your cat receives table scraps or supplements. _____

How often is your cat fed? _____

By whom? _____

Where? _____

What treats does your cat receive and why? _____

What percentage of time does your cat spend indoors? _____ Outdoors? _____

What is the square footage of your home? _____

Where does your cat stay: _____

During the day? _____

During the night? _____

When left alone? _____

During the evening when you are home? _____

When guests are present? _____

How long is your cat left alone during the day? _____ Night? _____

Is your cat allowed on the furniture? _____

What toys does your dog have to play with and which does it use? _____

How often, and for how long, do you play with your cat with toys? _____



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How many tall (over 5 feet) cat towers are in the house? _____ Where are they located? _____

Does your cat roam free in the neighborhood? _____

Have you trained a cat before? Explain. _____

Has your cat received any formal training? If so, please describe what type, where and when it occurred and what the outcome was. _____

What will your cat do on command? _____

For the commands you listed above, what percentage of time will your dog respond on the first command while off leash with no physical prompting? _____

How much time do you spend each day practicing routine training? _____

How much time are you willing/able to spend on training with your dog each day? _____

List any other animals in the household and the order in which they were acquired. Include breed, sex, age and whether neutered or intact. _____

If there are multiple cats in your home, how do your cats interact with one another?

Do the cats play with each other? Yes No

Do the cats sleep together? Yes No

Do the cats groom each other? Yes No

Do the cats hiss at each other? Yes No

Please describe any other interactions your cats have with one another. _____



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Please describe the type and amount of exposure your dog received during the first 4 months of its life to:

Unfamiliar people: _____

Unfamiliar animals, especially those of its own species: _____

Does your cat get along with other animals? _____

How does your cat react to unfamiliar visitors entering your house or yard? _____

How does your cat react to familiar visitors entering your house or yard? _____

How does your cat react to people and animals it sees outside through the windows or doors? _____

Describe your cat's personality. _____

How does your cat act just before you leave the house? _____

When you return? _____

Describe your dog's behavior problem(s). List them in the order of concern to you. _____

When did each of these behavior problems first begin (month and year)? _____

Describe your cat's behavior problem(s). List them in the order of concern to you. Use an additional sheet if necessary. _____

When did each of these behavior problems first begin (month and year)? _____

Describe when the problems are most likely to occur and how frequently they occur. _____



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Has any change occurred in the frequency, intensity, or appearance of the problems? Explain. _____

Were there any changes in your cat's environment within the 6 months prior to the onset of the problems?

- new animal
- moved or redecorated
- new baby or person in house
- schedule change
- guests (animal or human)
- change in diet
- change in dogs living arrangements
- other: _____

How did your cat react to these changes? _____

What corrections or methods have been used to try to resolve or improve the problems? _____

How did your cat react to these methods? _____

If your cat was punished or reprimanded for these behaviors, how did your dog react during and immediately after the punishment? _____

Has your cat taken medication for any of these problems? If so, what type, for how long? _____

Did the medications help in any way? _____

Are you amenable to discussing the use of medication to assist your pet if indicated? _____

Have you used any other products or supplements to try to address the problem? Please list each and how the cat responded. _____



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Please list any other behavior problems displayed by your cat:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> digging | <input type="checkbox"/> sexual | <input type="checkbox"/> eats nonfood items |
| <input type="checkbox"/> vocalization | <input type="checkbox"/> housesoiling | <input type="checkbox"/> jumps up |
| <input type="checkbox"/> chewing | <input type="checkbox"/> learning | <input type="checkbox"/> bites/growls |
| <input type="checkbox"/> unruly | <input type="checkbox"/> grooming (excessive) | <input type="checkbox"/> storm/noise phobia |
| <input type="checkbox"/> feeding | <input type="checkbox"/> shy/timid | <input type="checkbox"/> other: _____ |

Please briefly describe any problems indicated in the question above: _____

Please indicate any other additional information you feel might be helpful. Use an additional sheet if necessary. _____

What is your purpose or goal for this visit? _____

How willing are you to make potentially significant changes in your cat's living arrangements in your home in order to control/resolve this problem?

- Not at all Somewhat Very I will do anything

How willing are you to make potentially significant changes in the way you interact with your cat in order to control/resolve this problem?

- Not at all Somewhat Very I will do anything

Please choose ONE of the following:

- I do not consider this problem very serious.
- I consider the problem serious, but if it cannot be improved, I will still keep my cat.
- I consider the problem serious, but if it cannot be improved, I will euthanize my cat or give him/her away.



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Feline Agression Screen

L = Lunges **S** = Scratches **G** = Growls **H** = Hisses **B** = Bites

For each of the following items, please indicate which if any of the above behaviors your cat exhibits in each circumstance. Please list all that are applicable; if your cat lunges and growls, indicate L and G.

	Always	Sometimes	Never
1. Petting on head or shoulders			
2. Handling feet or clipping nails			
3. Picking the cat up			
4. Grooming by owner			
5. Grooming by groomer or stranger			
6. Handling at or by veterinarian			
7. Restraining cat for medicating			
8. Disturb cat while sleeping			
9. Reprimand verbally			
10. Reprimand physically			
11. Adult stranger approaches cat			
12. Approached by child			
13. Reaction to loud or sudden noises			
14. Cat sees or meets outside cats			
15. Cat approaches other household cats			
16. Cat is approached by other household cats			
17. When people walk by while cat hiding under furniture			
18. While playing with the cat with your hands			



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Feline Elimination Questionnaire

Pet's Name: _____ **Date:** _____

Type of elimination problem: Urine Feces Both None

Type of litterbox (size, covered/uncovered, etc): _____

Brand and type of litter currently used in box: _____

Has another brand or type of litter ever been used? Yes No

When, why and for how long? _____

How deep is the litter? _____ Are pan liners present? Yes No

Number of cats in household: _____ Number of litterpans: _____

How often is litterbox scooped? _____

How often is all of the litter changed? _____

How often is the box cleaned and with what product? _____

How often is the cat eliminating outside the litterbox? _____

Does the cat still use the litterbox? Yes No

Has the cat ever consistently used the litterbox? Yes No

Has the cat had episodes in the past when it went outside the litterbox? Yes No

If yes, please explain: _____

Have you actually observed the cat eliminating outside the box? Yes No

Has any change occurred in the litterbox, litter type/brand or box location within 4 weeks prior to the onset of the problem? Please explain. _____

Describe the surfaces on which the cat is eliminating (e.g. carpet, clothing, upholstery, tile, etc.):

On what surface is the cat eliminating? vertical horizontal both

Is the cat eliminating in open or secluded areas?



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Does the problem occur in the owner's presence, when left alone, or both? _____

Does the urine or feces look normal? _____

What is the duration of the problem? Has the problem changed over time (e.g. frequency, location)? _____

Describe the cat's specific behavior and posture when:

voiding in the litterbox: _____

voiding in an inappropriate location: _____

Does the cat scratch in the litter? _____ around the pan? _____

Does the cat scratch after eliminating on an inappropriate surface? _____

What product(s) are being used to clean the soiled areas? _____

On the back of this sheet (or on a separate sheet), please diagram your house. Include doors, windows, major furniture, locations of litterboxes and food and water bowls. Also indicate areas where the cat eliminates. Indicate the first area where the cat began eliminating outside the box and the area, if any, where the cat eliminates the majority of the time. Please complete a house diagram even if you have a house call scheduled.

