

**Feline Non-Veterinary Behavior Consultation Form**

Some feline behavior problems can be resolved without the use of medication. Please fill out this form if you are interested in taking advantage of Tufts non-veterinary behavior consultation option. This form will be reviewed and you will be contacted with a decision as to whether your pet's behavior problem is amenable to a non-veterinary behavioral evaluation. *Note: At a non-veterinary behavioral evaluation, medication is not prescribed and medical tests are not performed. If you are interested in using medication to treat your cat's behavior problem, do not utilize a non-veterinary behavioral consultation. Please have your local veterinarian rule-out any possible medical factors to your cat's behavior problem, before engaging in a non-veterinary behavior consultation.*

**Date:**

**Name & Address of Owner:**

**Telephone:**

**Fax:**

**Email address:**

**Would you like to receive Tufts Animal Behavior Clinic's email newsletter?**

**Name of cat:**

**Breed:**

**Age of cat now:**

**Age at which cat was acquired:**

**Weight:**

**Color:**

**Sex:**

**Neutered:**

**Age at neutering:**

**Has the cat been declawed?**

**At what age?**

**Does your cat go outdoors?**

**Date of last physical examination:**

**Any medical problems?**

**Behavioral History**

**1) In a few sentences, describe your cat's behavior problem?**

**2) Age of onset:**

3) Duration of each incident:

4) Frequency of occurrence:

5) Are there any specific conditions which trigger the behavior?

6) Can the cat be interrupted when in engaged in the behavior?

7) Describe any methods used to stop the behavior and the cat's response to these methods:

8) Please give a detailed description of the last time this problem occurred

9) Please give a detailed description of the first time this problem occurred

10) How would you describe your cat's temperament (check where appropriate)?

<input type="checkbox"/> calm	<input type="checkbox"/> hyperactive	<input type="checkbox"/> timid
<input type="checkbox"/> anxious/nervous	<input type="checkbox"/> loves food/treats	<input type="checkbox"/> aloof
<input type="checkbox"/> affectionate	<input type="checkbox"/> other (describe):	<input type="checkbox"/> shy

11) List other animals in the household, their species, breed, age, sex and whether or not they are neutered. Please note which of these animals were living in the house when this cat was acquired:

12) Describe interactions between pets in the household:

13) Have you previously enlisted the help of a trainer(s), veterinarian or behaviorist(s) to address this issue? If so, please list their name and credentials.

14) How did you learn about Tufts Animal Behavior Clinic service?

***If your cat's behavior problem involves elimination outside of the litterbox, please answer the following questions:***

**1) Describe in detail the location(s) of eliminations that occur outside of the litterbox:**

**2) Please check one:**

- I find only urine outside of the litterbox
- I find only feces outside of the litterbox
- I find urine and feces outside of the litterbox

**3) Do you know or suspect that your cat sprays urine onto vertical surfaces?**

**4) Check any of the situations that apply to your household:**

- A new baby has arrived
- I have moved recently
- Someone with whom my cat was bonded moved out of my house
- I recently got new furniture or moved furniture around within my house
- Someone new moved into my house
- I recently got a new pet
- A pet with whom this cat was bonded died or left the home recently
- Wildlife and/or outdoor cats frequent my property

**5) Did any of the preceding situations coincide with the start of your cat's inappropriate elimination?**

**6) Number of litterboxes in the house:**

**7) Location of litterboxes:**

**8) Do you have a litterbox on each floor of your home?**

**9) Type of litterbox (open/closed; large/small):**

**10) Do you use clumping litter?**

**11) Have you ever noticed your cat straining to urinate or defecate?**

**12) Have you ever noticed any blood in your cat's litterbox?**

**13) Frequency of scooping litterbox (clumping litter):**

**14) Frequency of cleaning the litterbox (dump old litter, wash box and replace litter):**