

Feline Behavior Fact Sheet

INSTRUCTIONS: The owner(s) should fill out pages 1-6 answering each question thoroughly yet concisely. **PLEASE ANSWER EACH QUESTION DIRECTLY ON THIS FORM IN THE SPACE PROVIDED. LIMIT ADDITIONAL INFORMATION TO ONE TYPEWRITTEN PAGE IF NECESSARY.**

Date:

Recorder:

Name & Address of Owner:

Telephone:

Fax:

Email address:

Name of cat:

Breed:

Age of cat now:

Age at which cat was acquired:

Weight:

Color:

Sex:

Neutered:

Age at neutering:

Reason for neutering:

Any behavioral changes following neutering?

Has the cat been declawed?

At what age?

Behavioral changes after declawing?

Date of last physical examination:

(Please include copies of any relevant medical records and/or bloodwork)

Any medical problems?

Any current medications? (Please include the dose if known)

Behavior Fact Sheet -- Feline**What is your cat's behavior problem?**

Age of onset:

Duration of each incident:

Frequency of occurrence:

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which trigger the behavior?

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

How long is the interval between the behavior stopping and the beginning of the next occurrence?

Please indicate if you have tried any of the following treatment options for this behavior problem (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> prescription medication(s) | <input type="checkbox"/> Yelling "No" at your cat | <input type="checkbox"/> Desensitization |
| <input type="checkbox"/> herbal supplement(s) | <input type="checkbox"/> Squirted your cat with a water gun | <input type="checkbox"/> Counterconditioning |
| <input type="checkbox"/> homeopathic remedy | <input type="checkbox"/> Clicker training | <input type="checkbox"/> Environmental enrichment |
| <input type="checkbox"/> Feline Appeasing Pheromone | <input type="checkbox"/> Separating your cat from people or other cats | <input type="checkbox"/> Ssscat |
| <input type="checkbox"/> Ignoring your cat | | <input type="checkbox"/> Other: |

Please indicate your cat's response to the treatments you've tried thus far:

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

Behavior Fact Sheet -- Feline**CAT'S HISTORY:**

Where did you get the cat from?

Do you know if the cat's parents or siblings engaged in similar behaviors or any other abnormal behaviors?

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

- | | | |
|--|---|--|
| <input type="checkbox"/> calm | <input type="checkbox"/> affectionate to family members | <input type="checkbox"/> curious |
| <input type="checkbox"/> hyperactive | <input type="checkbox"/> affectionate to strangers | <input type="checkbox"/> playful |
| <input type="checkbox"/> timid | <input type="checkbox"/> loves cat food | <input type="checkbox"/> other (describe): |
| <input type="checkbox"/> anxious/nervous | <input type="checkbox"/> loves food treats | |
| <input type="checkbox"/> aloof | | |

List people living in the house with the pet, include children's ages:

Has the cat ever changed owners?

Has the cat ever moved house?

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:

Describe your cat's relationship with your other pets:

Behavior Fact Sheet -- Feline

Do the animals eat together?

Describe your cat's relationship with the people who live in your home:

Has any human or pet to whom the cat was bonded left the home?

Did this coincide with the onset of any of the problem behavior(s)?

Did any of the problem behavior(s) coincide with the addition of a new animal or human to the household?

Is the cat primarily an indoor or outdoor pet?

Was the cat previously allowed to go outside but is now restricted to being indoors (or vice versa)?

Does your cat have access to an outdoor enclosure?

Does your cat go outdoors with a harness and leash?

Behavior Fact Sheet -- Feline

How does the cat react to other cats outside the house?

1. When the cat is indoors and sees other cats through the window:

2. When the cat is also outside:

Behavior of cat with strangers in the home:

Behavior of cat in veterinary office and during examination:

DAILY ACTIVITIES

Please describe a typical 24 hour day in your cat's life:

DIET

Brand name of cat food provided:

Is the food dry or wet (or do you provided both wet and dry food)?

Frequency of feeding:

Amount fed:

Does the cat hunt? If yes, does the cat eat the animals it catches?

Behavior Fact Sheet -- FelineLITTERBOXES

Number of litterboxes in the house:

Location of litterboxes:

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

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

Type of litter used currently:

Is this litter scented or unscented?

Is this litter scoopable?

Have you used different types of litter in the past?

If so, did changing type affect the cat's behavior?

If the cat's behavioral problem, involves inappropriate urination/defecation, is there one particular location or on a particular type of surface/material other than its litterbox which the cat tries to use?:

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

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

Frequency of scooping the litterbox:

Frequency of cleaning the litterbox (dump out old litter, wash box and add new litter):

How did you learn about Tufts Animal Behavior Clinic and the Petfax service?

Please provide your veterinarian's contact information: