Name:_____ Date:_____

Feline Behavior History

1) What is your main behavior concern?

2) How old is your cat? How long has the behavior been exhibited?

3) Please describe the chronology of the behavior problem, i.e. how it developed over time.

4) When did it first become a serious concern?

5) How frequently does the problem(s) occur? (How many times daily, weekly or monthly?)

6) Has this problem changed in frequency? Please describe.

7) Has the problem changed in intensity? Please describe.

Elimination Behavior

8) Does your cat ever eliminate in the house but outside the litter box? Yes_____   No_____

9) If yes, does your cat urinate or defecate or both (circle one or both)?

10) What is the location of elimination in the home?

11) How many litter pans do you have?

12) What kind of pans are they (size, covered, depth and where in the home)?

13) How old is each pan?

14) Do you use a liner? Yes_____ No_____

15) What kind of litter is used? Please be specific.

16) Have you recently changed brands? Yes_____ No_____

17) How often is the litter scooped? How often is the litter replaced?

18) How do you clean/wash out the box(es), and how often (please be specific)?

19) Does the cat cover (bury) urine or feces in the box?

Home Environment
20) Please list all animals in the household and their ages. (Please number.)

21) In what sequence were the above animals obtained? (Please use number to describe.)

22) What is your cat's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe.

23) Do you know if any animals come around the house outside that the cat can see, smell or hear?

Medical History
24) Has your cat had any significant past medical problems?

25) Is your cat on any medication now? If so, please indicate what kind, how often, how long he/she has been on it.

26) Has your cat had medication in the past (when, what, why…)?

27) At what age was your cat spayed or neutered?

28) Any comments or specific questions?