

Owner \_\_\_\_\_

Client ID # \_\_\_\_\_

Animal's Name \_\_\_\_\_ F/M

Date \_\_\_\_\_

**Medical History**

When was your cat's most recent physical examination? \_\_\_\_\_

Have there been any medical tests performed associated with behavioral problems? Yes/No

If yes, please obtain a copy of all medical tests performed and submit them with this form.

Is your cat spayed or castrated (neutered?) Yes / No

a. If yes, at what age? \_\_\_\_\_

b. If yes, reason for procedure? Routine / attempt to modify behavior / other

c. If no, are you planning on breeding your cat? Yes / No

Are vaccinations, including rabies vaccination current? Yes / No

List any medications that your cat has received in the past month or is currently taking:

\_\_\_\_\_ Dosage \_\_\_\_\_ When was the last dose given? \_\_\_\_\_

\_\_\_\_\_ Dosage \_\_\_\_\_ When was the last dose given? \_\_\_\_\_

\_\_\_\_\_ Dosage \_\_\_\_\_ When was the last dose given? \_\_\_\_\_

\_\_\_\_\_ Dosage \_\_\_\_\_ When was the last dose given? \_\_\_\_\_

Does your cat have any pre-existing or current medical problems?

Yes No If yes, please describe

Household Information:

Please list all members of your household, include ages of children and hours away from home

Name	Gender	Age	Relationship (self, husband, wife, etc.)	Hours away / day

Please list all household pets in order acquired:

Name	Species	Breed	Sex	Age	Age acquired


Behavior Intake Form

**Background Information**

How old was your cat when you first acquired him/her? \_\_\_\_\_

Where did you acquire this cat from?

- |                                  |                      |
|----------------------------------|----------------------|
| Stray/found                      | Breed rescue group   |
| Newspaper adoption (not breeder) | Professional breeder |
| Pet store                        | Hobby breeder        |
| Humane shelter/SPCA              | Friend               |
| Other (please explain) _____     |                      |

Describe your cat as a kitten:

- |                              |            |
|------------------------------|------------|
| Friendly                     | Outgoing   |
| Fearful                      | Aggressive |
| Other (please explain) _____ | Playful    |

Is your cat (please check all that apply):

- Allowed to run free, unsupervised when outside
- Fenced backyard (outside, unleashed but supervised)
- Leash-walked only
- Outdoor covered kennel
- Indoors only
- Outdoors only

How many times does your cat go outside per day? \_\_\_\_\_

If you walk your cat, what is the average length of time for each walk (in minutes) \_\_\_\_\_

What percentage of the day does your cat spend inside?

- 0-25%    25-50%    50-75%    75-100%

What kind of living situation do you have?

- |                 |                         |
|-----------------|-------------------------|
| Apartment       | Townhouse / condominium |
| House with yard | Farm                    |

What is your cat's diet:

What Brand? \_\_\_\_\_

Canned    Dry

Is your cat fed:

- |   |                             |
|---|-----------------------------|
| Free choice (bowl is kept full of food) | One meal per day            |
| Two meals per day                       | More than two meals per day |

Is your cat fed treats on a daily basis?    Yes    No

Have you had pets before?

- Dogs
- Cats
- None
- Others (please describe \_\_\_\_\_)

Where is your cat when left home alone?

- Free in house
- Outside house
- Restricted to certain areas in house

Do you play with your cat routinely?    Yes    No    If yes, describe a typical play episode:

\_\_\_\_\_

\_\_\_\_\_

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**Inappropriate Urination / Defecation** (If elimination problems are not a concern, go to page 4)

How many cats do you have? \_\_\_\_\_

How many litter boxes do you have? \_\_\_\_\_

Describe the litter boxes (check all that apply and put in parentheses the number of boxes for which the description is true):

	Number		Number
Open	( )	Covered	( )
Large	( )	Small	( )
Liner	( )	No Liner	( )

What kind of litter do you put in the boxes (check all that apply)?

Clumping litter	Plain clay
Scented	Unscented
Playground Sand	Large pellets
Wheat litter	Cedar chips
Varies with each purchase	Others, please specify: _____

Where are the litter box(es) located (check all that apply)?

Closet	Kitchen
Bathroom	Attic
Laundry room	Living room
Basement	Stairwell
Others, please specify _____	

Is your cat declawed?

No  
Yes, front declawed only  
Yes, back and front feet declawed.

Does your cat use a scratching post?    Yes    No

Does your cat have any outdoor access?    Yes    No

How often do you clean the litter box? \_\_\_\_\_

How often do you change the litter? \_\_\_\_\_

What cleaning products do you use to clean the litter box? \_\_\_\_\_

How old is the litter box? \_\_\_\_\_

Does your cat dig in the litter? \_\_\_\_\_

Does your cat cover waste after elimination? \_\_\_\_\_

Does your cat eliminate in front of people or hide? \_\_\_\_\_

Will cat immediately use freshly cleaned litter box? \_\_\_\_\_

Does cat spray in covered box? \_\_\_\_\_

Does cat ever vocalize while it eliminates? \_\_\_\_\_

Does cat ever use shower/bathtub or sink for elimination? \_\_\_\_\_

If yes, how often? \_\_\_\_\_ When did it started? \_\_\_\_\_

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**Behavioral Problem:**

Please use the chart below to list the behavioral problem(s) that you wished to address, and how much of a problem do you consider the behavior to be?

Behavior Problem	Very Serious	Serious	Not Serious

Describe a typical episode of the behavioral problem(s):

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The behavior occurs \_\_\_\_\_ per day / week / month.

Describe the first incident (including date):

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Describe the most recent episode (including date):

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Has the frequency of the behavior increased decreased remained unchanged?

Has the intensity of the problem increased decreased remained unchanged?

Have there been any changes in the household (new pet, new family member, schedule change etc., move, remodel, new carpets, furniture)?

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Have you considered finding another home for your cat?    Yes    No

Have you considered euthanasia (putting your cat to sleep)?    Yes    No