



Date _____

Thank you for scheduling a behavior appointment with Dr. Meyer at the Veterinary Behavior Clinic. Please list your primary goal(s) in seeking behavioral counseling for your pet:

Prior to your appointment, please keep a written record of your pet's behavior and bring it with you to the appointment. Videorecordings of your pet's behavior can be helpful but do not stress your pet by creating upsetting situations to demonstrate a fearful or aggressive response. Dogs should be hungry when you come in for the appointment. You may bring special food treats to use in behavior modification training; however, we have a variety of dog treats available. Please bring along any training devices you have used or are currently using.

The fee for a standard new patient appointment, which lasts 2-3 hours, is \$495. The fee for a consultation for one cat with a litter box problem, which lasts 1-2 hours, is \$295. Although many cases require only the initial consultation, which includes 6 months of follow-up email/phone support, some cases may require a 45-minute recheck appointment. All patients receiving medication prescribed by Dr. Meyer will need an annual recheck examination.

Please complete and return this sheet and the following questionnaire to our office by e-mail (VetBehaviorClinic@comcast.net), mail, or fax. The last page of the questionnaire should be completed by your veterinarian and returned to our office. **In order to hold your appointment time**, both credit card information and completed paperwork must be received at least 10 business days prior to the appointment.

Cancellation Policy: If you cancel your appointment less than 5 business days before the appointment or are a "no show," your credit card will be charged \$150. Please note that your card will NOT be charged unless you do not cancel your appointment in a timely fashion or are a "no show."

Credit card number* _____ Exp. Date _____

Signature: _____

Printed Name: _____

**We accept Visa, Mastercard, and Discover. Please call to leave your information. Do not send by email.*

Thank you,

Elizabeth, Patient Care Coordinator

Feline History Form

Part 1: Background Information

1. Owner Information

Owner name(s) _____

Address _____

Phone numbers: Home _____ Work _____ Mobile _____

E-mail address(es) _____

2. Cat's Information

Name _____ Breed _____ Date of birth _____

Sex: M ___ F ___ Neutered: Yes ___ No ___

Declawed: Yes ___ No ___ Age when neutered _____

How old was your cat when you obtained him/her? _____

How long have you had your cat? _____

Where did you get your cat? _____

Stray/found Breeder SPCA/humane shelter Rescue service Private adoption

Pet store Friend Other (please explain) _____

If your cat had a previous owner, please describe the household and the reason(s) for relinquishment _____

3. Medical Information

Veterinarian & Clinic _____ Phone Number _____

Does your cat have any medical problems (urinary problems, painful conditions, etc.) Yes ___ No ___

If so, please list them _____

Please list all medications, including dose, your cat is currently taking _____

Does your cat have any food restrictions? _____

*****Please have your veterinarian complete the *Veterinary History Form* and return it to our office prior to your visit.**

4. Household Information

Please list the people, including yourself, currently living in your household:

Name	Sex	Age	Relationship (self, husband, wife, mother in law, etc.)	Occupation

Please list all animals in the household

Order pets were obtained	Name	Species/Breed (e.g., cat/Siamese)	Sex	Age obtained	Age now

Describe the relationships between your pets if you feel they are pertinent to the behavioral problems

Has your household changed since acquiring this cat (new house, marriage, children, etc.)? If so, how? _____

5. Management

Is your cat allowed: Indoors only Indoors/outdoors (supervised)
 Indoors/outdoors (unsupervised) Outdoors only

Is your cat fed on a schedule or free-fed? _____

Does your cat eat: Canned food only Dry food only Both canned and dry

What kind of treats do you give your cat? _____

Where and when does your cat scratch? _____

How much and what kind of play and exercise does your cat get each day? _____

Describe a typical 24-hour day in the life of your cat:

6. If your cat is having a litter box problem, please answer the following questions pertaining to litter box management and your cat's elimination behavior:

How many litter boxes do you have in your home? _____

Box location	Type of litter (note if scented or not)	Type of box	Liner?

Which boxes does your cat prefer? _____

How often do you scoop the solid waste out of the box? _____

How often do you dump all of the litter out of the box and replace it with fresh litter? _____

How do you clean the box prior to filling with fresh litter? _____

Have you tried any other litters over the past year? If so, please describe your cat's reaction _____

How much time, in minutes, does your cat spend in the box during urination? _____

How much time, in minutes, does your cat spend in the box during defecation? _____

Does your cat scratch in the litter before or after eliminating? _____

What percentage of the time does your cat urinate **inside** of the box? _____

What percentage of the time does your cat defecate **inside** of the box? _____

In what part of the home and on what type of surface is your cat most likely to **urinate** if s/he urinates outside of the box? _____

Is the surface vertical or horizontal? _____

In what part of the home and on what type of surface is your cat most likely to **defecate** if s/he defecates outside of the box? _____

Is there a room or surface where your cat has never inappropriately eliminated? _____

How do you clean an area that has been soiled? _____

Have you ever observed your cat eliminating outside of litter box? If so, describe the cat's posture? _____

Have you ever punished your cat for eliminating outside of the box? If so, how? _____

If you have more than one cat in your household, how do you know that this particular cat is the culprit? _____

How old was your cat when s/he began to eliminate inappropriately? _____

Do you remember any circumstances that could have contributed to the development of this behavior? _____

Has your cat ever had any medical problems involving his/her urinary or digestive system? If so, please describe _____

Please draw diagram of your home that indicates where your cat urinates and/or defecates outside of the box. Please note the locations of all litter boxes. You may bring the diagram to the appointment if you are submitting the questionnaire electronically.

Feline History Form

Part 2: Description of Behavioral Problems

Please list your cat's behavioral problem(s) that you would like discussed:

1. _____
2. _____
3. _____

What is the precipitating reason for your visit? _____

Please answer the questions below for each listed problem. Feel free to attach other pages with any additional information you may wish to include.

Problem 1 _____

Frequency: Daily Weekly Monthly

How reliably does the problem behavior occur when your cat is in a situation where it could occur?

- Less than 25% 25 to 50% 51 to 75% 76 to 100%

Describe the first incident (include date) _____

Has the frequency or intensity of the problem changed since the problem started? Yes__ No__

If so, how and when _____

Describe the last 3 incidents (include dates) _____

Have you noticed any triggers for this behavior? _____

What have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done made the problem worse? _____

How severe do you consider this problem? _____

Is the problem severe enough for you to consider removing your cat from your home? _____

Problem 2 _____

Frequency: Daily Weekly Monthly

How reliably does the problem behavior occur when your cat is in a situation where it could occur?

Less than 25% 25 to 50% 51 to 75% 76 to 100%

Describe the first incident (include date) _____

Has the frequency or intensity of the problem changed since the problem started? Yes__ No__

If so, how and when _____

Describe the last 3 incidents (include dates) _____

Have you noticed any triggers for this behavior? _____

What have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done made the problem worse? _____

How severe do you consider this problem? _____

Is the problem severe enough for you to consider removing your cat from your home? _____

Problem 3 _____

Frequency: Daily Weekly Monthly

Has the frequency or intensity of the problem changed since the problem started? Yes__ No__

If so, how and when _____

Describe the last 3 incidents (include dates) _____

Have you noticed any triggers for this behavior? _____

What have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done made the problem worse? _____

How severe do you consider this problem? _____

Is the problem severe enough for you to consider removing your cat from your home? _____

Veterinary History Form

To be completed by the pet's veterinarian and returned (email preferred) to our office prior to appointment.

Clinic name:	Veterinarian's name:
Address:	Phone number: Email: Fax number:
Client's name:	Pet's name:
Behavioral History	
Describe the pet's behavior in your clinic, including any problems that you have observed:	
For what behavioral problem is this pet being evaluated?	
Please indicate any advice or counseling that you have given to the client thus far:	
Have any medications or products been suggested? If yes, indicate dates, doses, duration, and response:	
Medical History	
Date of most recent physical/dental examination:	Most recent weight:
List any abnormal findings:	
Vaccination status up-to-date?	
List any current medical problems:	
Are you aware of any sensory deficits? If so, describe:	
Are you aware of any painful conditions in this pet? If so, describe:	
List any recurrent or previous medical problems:	
Is the pet presently receiving treatment or medication of any type?	
Diagnostic Screening Tests	
<i>Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.</i> Indicate what diagnostic screening tests have been performed and date of each:	
List any abnormal results:	