

**Feline Pre-Consultation Behavior History**  
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**Veterinary Behavior Consultants**

**Instructions:** Fill out this form with as much detail as possible prior to your behavior consultation. Please return completed form to ocddoc@msn.com

Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Title or preferred pronouns: \_\_\_\_\_

Address (Street, City, State, Zip code): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Title or preferred pronouns: \_\_\_\_\_

Address (Street, City, State, Zip code): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Date of birth OR Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:    M        F

Neutered:    Yes    No    If so, at what age? \_\_\_\_\_

Approximate Weight: \_\_\_\_\_ lb or kg

Has the cat been declawed/tendonectomized?    Yes    No    At what age?

How was it cared for after the surgery?  
.....

Referring Veterinarian: \_\_\_\_\_

Name of Veterinary Hospital: \_\_\_\_\_

If not referred by veterinarian, name of referring agent: \_\_\_\_\_

Why was the cat obtained?

Age when first obtained:

Source where cat was obtained:

Did the cat have any previous owners?

If yes, how many owners?

Diet and Feeding

What is the cat fed?

When and where is the cat fed (ad-lib or scheduled meals)?

Does your cat have a good appetite?

Is the cat offered any treats?

Has there been a recent diet change?

Environment

What type of home do you live in?

How many square feet of the house does the cat have access to?

Have you moved since the cat was acquired?

List each person living in the household

<u>Name</u>	<u>Age</u>	<u>Relationship with the cat</u>	<u>Time Spent with Cat</u>

List all animals in the household:

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship with the cat</u>

Has the cat ever been outside?

Is your cat currently allowed to go outside?

Is he/she supervised when outdoors?

Is your cat harness/leash trained?

Is there a scratching post available for the cat?

If yes, what type of posts and where are they located?

Does the cat use the scratching post?

Does the cat scratch on anything other than its post? If yes, what else?

Where does the cat spend most of its time during the day?

Where does the cat sleep at night?

Does it sleep through the night?

Social Behavior

To whom is the cat most attached?

Does owner play with the cat?

How frequently?

What kind of games?

Does the cat play with any toys? What kind of toys?

How does your cat respond to?

	<u>No reaction</u>	<u>Avoid</u>	<u>Resist</u>	<u>Growl/Bite</u>	<u>Purr</u>	<u>Comments</u>
Baths						
Being held						
Greeted by owner						
Nails trims						
Pet/stroked						
Friends						
Children						
Stranger						
Veterinarian						

Sexual Behavior

If female, has the cat ever been in heat?  
Does the cat mount cats, other animals, people, or objects?  
Has the cat been bred or used for breeding?

Grooming

Do you groom your cat?  
If so, how does the cat respond?  
  
Does the cat keep its coat in good condition?  
Are there any areas where the cat licks excessively?

Elimination Behavior

Has the cat ever eliminated outside of the litter box?  
Who cleans the litter box?  
How many litter boxes do you have?

	Box #1	Box #2	Box #3
Type of litter box (cover or no)			
Size of litter box (measure)			
How old is litter box?			
Location			
Type of litter used			
Brand of litter			
Depth of litter			
Is a liner used?			
Is there anything added to the litter?			
How often is it scooped out?			
How often is litter completely changed?			
How often is litter box washed?			
What products are used to wash box?			
Located near appliances?			
Located near doors or hallways?			
Are air vents nearby?			

Cat's behavior in litter box	Defecation		Urination		Comments
Dig a hole before	Yes	No	Yes	No	
Cover afterwards	Yes	No	Yes	No	
Paw at box or ground	Yes	No	Yes	No	
Stand on edge of box	Yes	No	Yes	No	
Shake paws	Yes	No	Yes	No	
Vocalize during	Yes	No	Yes	No	
Eliminates in private	Yes	No	Yes	No	
Eliminate after the box is just cleaned?	Yes	No	Yes	No	
Jump/run out of box when done	Yes	No	Yes	No	

What is the main behavior problem?

What have you done to correct the problem?

Medical History

Has your cat had any significant medical problems?

*(If yes, please describe)*

Please attach a map of your home, indicating the location of litter boxes, food and water bowls, and any soiled areas.