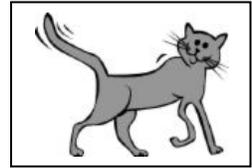


FELINE BEHAVIORAL HISTORY



This history form will help us to get a complete history on your cat and the information is critical in order to address your current behavior issues. Please answer the following questions and send this form (mail/fax/email/drop off) back to us.

Our Email is behavior@friendshipanimaldoc.com

GENERAL INFORMATION

Date: _____

Client's Name: _____

Cat's Name: _____

Address: _____

Age: _____

Zip Code: _____

Sex: M / F

Home Phone: _____

Spayed/Neutered: Y / N

Daytime Phone: _____

Who is your regular Veterinarian? _____

If other than Friendship Animal Hospital:

Dr. _____

Clinic Name: _____

Phone: _____

BEHAVIOR PROBLEM

What current behavior problems are you having with your cat?

When did you first notice these problems (age of cat)?

Does anything specifically "trigger" this behavior?

How frequently does this behavior occur (daily, weekly, monthly, etc)

Describe a few of the most recent incidents in detail:

What do you do when the undesired behavior occurs?

What have you done so far to correct the problem?

ELIMINATION BEHAVIOR

Does your cat ever eliminate in the house outside of the box? Y / N

If yes, does the cat urinate / defecate / or both?

Where does this occur in the house?

How many litter boxes do you have? _____

Where are they (which floor, room)?

What kind of litter is used?

Have you recently changed brands? Y / N

How often do you clean the litter box?

CAT'S BACKGROUND

Where did you get this cat?

Have you owned cats before? Y / N

How old was the cat when you brought home? _____

Has this cat had other owners? Y / N

If yes, why was cat given up?

HOME ENVIRONMENT

Please list the people, including yourself, living in your household
Name Hours Away From Home Daily

Please list all of the animals in the household in order of when you acquired them:

Name Species Sex Age Order Acquired

SOCIAL BEHAVIOR

Where is your cat when you have guests?

How does your cat behave with visitors (adults and children)?

How does your cat behave at the Veterinarian?

How does your cat behave when you return home?

How does your cat respond to other cats seen out of the window?

When does your cat meow?

When does your cat hiss or growl?

What toys does your cat have?

What is your cat's activity level: LOW / AVERAGE / HIGH / EXCESSIVE

How would you describe your cat's personality?

SEXUAL BEHAVIOR

At what age was your cat spayed/neutered? _____

Were there any behavioral changes after surgery?

Does your cat mount other cats? Y / N

Does your cat mouth other animals? Y / N If so, which ones?

Does your cat mount people? Y / N If so, who?

GROOMING

Does your cat groom, lick, or bite excessively? Y / N

Do you frequently see your cat's skin twitch? Y / N

Is your cat declawed? Y / N If so: 2 foot / 4 foot

Does your cat use a scratching post? Y / N

MEDICAL HISTORY

Does your cat have any current medical problems?

Is your cat currently on any medication? Y / N

If so, please list:

Where are you on a scale of 1 to 5 as follows (circle one):

1. I am here only out of curiosity – problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.
5. The problem is very serious and I would like to change it; if it remains unchanged I will have to give up my cat or euthanize.

What is a "livable" outcome that you would like to have?

**Thank you for taking the time to complete this behavior history.
We will now have a very thorough history to help assess your
current issues. Please return it to as soon as it is complete.**