



Feline Behavior Intake Form

Please fill out this form to the best of your knowledge. The more details you can provide, the easier it will be to help identify and rectify your cats behavior problems.

Customer Information

Client Name(s): _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Email: _____

Human Family Members/Ages: _____

Other Pets in the Home/Ages: _____

Cat Details

Cat Name: _____

Breed: _____ Color: _____

Sex: _____ Birthday/Age: _____ Spay/Neuter: _____ Spay/Neuter Age: _____

Where did you get your cat: _____

Why did you get the cat: _____

How old was your cat when you obtained him/her: _____ Is your cat declawed: _____

How long have you owned the cat: _____ Have you owned cats before: _____

Were you told of past behavior problems: _____

How old was your cat when weaned: _____ Describe your cat as a kitten: _____

Where was your cat raised: Indoor Outdoor Indoor/Outdoor

Where does your cat live now: Indoor Outdoor Indoor/Outdoor

If your cat goes outdoors, how long does your cat spend outside each day: _____

If you take your cat for walks, how often, and how long is each walk: _____

Additional Cats in the home: Include names/ages/disposition: _____



Environment

What type of environment does your cat live i.e. apt/house/farm: _____

Square Footage: _____ How many rooms: _____ What rooms does your cat have access to: _____

What are your cats favorite rooms/locations: _____

Where does each family member spend the most time: _____

Where is your cat when left home alone: _____

What toys does your cat play with: _____ How often: _____

How often do you change out your cats' toys for new ones: _____

Do you play with your cat: _____ How often: _____

Do you have a scratching post or cat tree: _____ Describe it: _____

How often is the scratching post used: Often Occasionally Rarely Never

Common words/phrases used with your cat: _____

What are your cats favorite things i.e. food, attention, toys, activities: _____

Diet and Treats

Brand of Dry Food: _____ How often fed? _____

Brand of Wet Food: _____ How often fed? _____

How much does your cat eat per day: _____ How much does your cat drink per day: _____

How often do you change the water: _____ Does your cat drink water excessively: _____

When and where do you feed your cat: _____

Does your cat eat quickly or slow: _____ Do you need to be present while they eat: _____

How often do you disinfect the food/water bowls: _____

What cleaner do you use: _____

Do you give your cat treats: _____ What are their favorite treats: _____

Do you give treats for enrichment, socialization, or behavior modification: _____

When is the last time you changed your cats diet, explain: _____



Medical History

Medical History: _____

Does your cat have pre-existing or chronic conditions: _____

Has your cat ever been on behavior medication? _____ If yes, please describe: _____

Do you know anything about your cats parents: _____

Date of last veterinarian visit: _____ Is your cat current on vaccines: _____

Date of last bloodwork: _____ Results: _____

Date of last urinalysis: _____ Results: _____

Date of last deworming: _____ Results: _____

Is your cat on flea and tick medication: _____ Months Used: _____

Please list your cats prescription medications: _____

Dosages/Times: _____ Length of time on medication(s): _____

Veterinarian Information

Veterinary Clinic: _____ Phone: _____

Preferred Veterinarian: _____

Clinic Email: _____ Clinic Fax: _____

Clinic Address: _____

City: _____ State: _____ Zip: _____

Emergency Veterinary Clinic: _____



Litter Box Details

How many cats do you have: _____ How many litter boxes: _____

Type of litter used: _____ What style of litter box: _____

Litter Box Location(s): _____

Has the litter box location recently changed: _____

How old is the litter box: _____ How often do you scoop the litter box: _____

How often do you change the litter: _____ Do you change brands: _____

How often do you disinfect the litter box: _____ With what products: _____

Does your cat dig in the litter: _____ Does your cat cover after elimination: _____

Does your cat vocalize in the box: _____ Does your cat spray a covered box: _____

Will your cat eliminate in front of people or hide: _____ If hide, describe: _____

How often does your cat urinate and defecate per day: _____

Inappropriate Elimination/Defecation (skip if not applicable)

Inappropriate elimination (urine, feces or both): _____

How often: _____ When did it start: _____

Locations of inappropriate elimination i.e. walls, floors, furniture, clothing: _____

Have you witnessed this, explain: _____ Were they standing or squatting: _____

If you are not witness, what time of day do you find it: _____

Does your cat use the shower, tub or sink for elimination: _____

What cleaners do you use to disinfect the area: _____

List any additional details about your cats inappropriate elimination: _____

Behavior Questions

What is your relationship with your cat: _____

How does your cat interact with you, are they protective of their body i.e. stiffens, growls, scratches, hisses, bites, please explain: _____

Is there a specific area your cat is more protective, i.e. ears, feet, tail: _____



Is your cat affectionate, social, independent, aggressive: _____

Does your cat like to be up high, mid-level or ground level: _____

Are there situations where your cat seeks high places/or hides: _____

How does your cat interact with other cats: _____

How does your cat interact with other animals in the home/type of pet: _____

How does your cat interact with familiar pets vs unfamiliar: _____

How does your cat react to outdoor wildlife i.e. squirrels/birds: _____

How does your cat behave when visitors come to the home, do they hide, or are they territorial, explain:

Is their behavior different with familiar vs unfamiliar visitors: _____

Is their behavior different with women, men or children: _____

Does your cat sleep with you: _____ Does your cat wake you at night: _____

What specific behavior wakes you: _____

Have there been changes in the home since you got your cat, i.e. death of a pet, family member, divorce, marriage, new baby, schedule change, new pet, please explain: _____

Aggression Questions (skip if not applicable)

Is your cat aggressive towards humans: _____

If yes, do they hiss, scratch, bite: _____

How long has this behavior been occurring: _____

Who has been the target of the aggression, i.e. male/female, children, pet caretaker, owner, or others:

What provokes this behavior i.e. petting, handling, grooming, taking away food/objects, disturbed at rest

Has your cat ever attacked another cat or animal: _____

If yes, please explain: _____

How do you respond during an aggressive incident: _____

How do you respond after an aggressive incident: _____

How do you correct your cat for misbehaving: _____



Details of Current Cat Behavior Issue

Describe in detail, your current cat behavior problem(s): _____

When did it start: _____ How long has it been happening: _____

Did the start of behavior problem coincide with an event/action: _____

Is the problem getting better, no change, or worse: _____

Who/What are the typical sources of conflict: _____

Where are the locations of conflict: _____

Describe, in detail the steps you have taken to correct the problem on your own: _____

Describe, in detail the most recent incident that prompted you to reach out for behavior modification:

What are your goals for cat behavior modification training: _____

Is there anything else you would like to add about your cats behavior: _____

The following questions do not constitute a recommendation

Under what circumstances would you consider finding a new home for your cat: _____

Under what circumstances would you consider euthanasia: _____

Behavior Intake Form Completed By:

Printed Name: _____ **Date:** _____

Pet Owner Signature: _____