



### **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:** \_\_\_\_\_