



EVERGREEN
Veterinary Hospital

FELINE BEHAVIOR HISTORY FORM

Name: _____ Pet's Name: _____

Background Information:

Age: _____ Breed: _____ Sex: *M F Spayed Neutered*

Age spayed or neutered, if known: _____ Age of pet when you adopted him/her: _____

How long have you had your pet? _____ Is your pet: *Indoor only Indoor/Outdoor*

Where did you acquire this pet? Did s/he have previous owners? _____

If surrendered by previous owners, what was the cause? _____

If applicable, please describe your cat's behavior and litterbox training) as a kitten. _____

What health problems, if any, has your cat been diagnosed with in the past? _____

If known, what health problems, if any, has the rest of the litter been diagnosed with in the past?

Information about your family/household:

How many people live with your cat, including yourself? Please indicate adult vs. child, and how often they are home with your pet. _____

Do you feel your cat gets along with all people listed? If no, please explain. _____

How many other pets live with your cat? Please indicate type (dog, cat, etc.) and sex. _____

Do you feel your cat gets along with all pets listed? If no, please explain. _____

Date: _____

Information about your pet:

Please indicate your cat's primary behavior issue and other problems you would like addressed:

Has the issue been sudden or gradual? *Sudden* *Gradual* Has it worsened? *Yes* *No*

Please list medication your cat currently receives, including prevention: _____

If applicable, what is your cat's reaction to unfamiliar pets? _____

Unfamiliar people? _____

Has your cat ever bitten anyone? *Yes* *No* If known, what were the circumstances? _____

If your cat reacts negatively towards people, which one(s)? *Male* *Female* *Children*

Specific people

Does the setting matter in which your cat reacts to other people or animals? *Yes* *No*

If yes, what setting(s) does your cat seem to react more? _____

Please mark an "X" if your cat displays any of the following in the following circumstances:

Circumstance	Urinate	Defecate	Hiss/Swat	Shake/Tremble	Hiding	Escaping	Vocalize/Howl	Other
Home alone								
Home with family but separated								
Home with access to family								
Household pet (cat, dog, rabbit, etc.) approaches								
Visitor approaches								
Veterinarian								
Groomer								
Loud noises								
New objects or change in house								
Using the litterbox								

Date: _____

Information about your pet's daily schedule:

How many times does your cat play per day? _____ Average length of play time: _____

What diet does your pet eat? Please include all treats and table food. _____

Where is your cat's food bowl located? _____

Does your cat finish meals completely? *Yes No* Is your cat free-fed? *Yes No*

Is your cat confined at any point during the day? *Yes No* If yes, how often? _____

Where is your cat when company is over? Is this by choice? _____

Where does your cat sleep? _____

Does your cat eliminate inappropriately in the house? *Yes No*

If yes, which one(s)? *Urinate Defecate Both*

Where does the inappropriate elimination happen? _____

Litterbox Management:

How many litterboxes are present in the house? _____

Are any covered with a lid or hood? *Yes No* If yes, how many? _____

Do any have a liner? *Yes No* If yes, is the liner scented? *Yes No*

Please describe the litterbox environment (what room, what is next to them, etc.). _____

Is there a lot of foot traffic around any of the litterboxes? *Yes No Unsure*

Is there a lot of noise around any of the litterboxes? *Yes No Unsure*

Do you typically use the same litter? *Yes No* Is the litter scented? *Yes No*

What litter type(s) do you use? _____

How often are these litterboxes cleaned? _____

Does your cat seem to prefer one litterbox over the other? *Yes No*

If yes, which one(s)? _____

Information about what has been tried:

Please indicate whether the following techniques have been tried, and whether or not they were found to be successful in the past:

Date: _____

Technique	Tried? (Y/N)	Outcome (improved or worsened behavior)
Use of "no" or raising voice to get attention		
Increased play during the day		
Pheromones (Adaptil, Comfort Zone)		
Medication (Please indicate name and dosage)		
"Time out" following negative behavior (Where? For how long?)		
Swat, etc. at cat for undesired behavior		
Rub nose in feces, urine or destruction site		
Forced exposure to stimuli		
Avoidance of exposure to stimuli		
Use of spray bottle		
Other:		

Date: _____