



6 – 34 Southridge Drive * Okotoks, AB T1S 2G5 * Ph (403)938-3791

Pet's name :

Feline Behaviour Consultation Form

Please fill out this form as completely and accurately as possible.

The information you provide is important in diagnosing and treating your pet's behaviour problem.

General Information

Date :

Name : Pet's name :

Address : Breed :

..... Date of birth :

Postal Code : Sex : M MN F FS

Home phone number : Weight :

Work phone number : Colour :

Email :

Client's veterinarian

Dr. : Phone :

Clinic : Fax :

Address :

.....

Behaviour Complaint

What is the main behaviour problem or complaint?

.....

.....

How often does the problem occur (amount of times daily, weekly or monthly)?

What age was your pet when the problem began?

When did it become a serious concern?



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Pet's name :

Behaviour Complaint (Cont'd)

In what general circumstances does the problem behaviour occur?

.....
.....

Has this problem changed in frequency or intensity? (please describe)

.....
.....

Has this problem changed since it first began?

.....

Describe the most recent incident (date :)

.....
.....

Describe the second most recent incident (date :)

.....
.....

Describe the third most recent incident (date :)

.....
.....

Describe the first incident (date :)

.....
.....

Other significant incidents :

.....
.....



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Behaviour Complaint (Cont'd)

What have you done to try to correct the problem?

.....

List any techniques that have had any success :

.....

List any techniques that have made the problem worse :

.....

How do you discipline your cat when it misbehaves?

.....

Family/Relationships

Please list the people, including yourself, living in your household

Name	Age (if child)	Hours away from home / day

Describe how your cat gets along with each family member :

.....

.....



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Pet's name :

Family/Relationships (cont'd)

Please list all other animals in the house

Name	Species	Breed	Sex	Age obtained	Age now

What is your cat's relationship with other animals (please describe) :

What type of area do you live in? (circle one) City Suburbs Rural

What type of house do you live in? (circle one) Duplex/attached house House - single family Farm
 Apartment - studio/one bedroom Apartment - 2+ bedrooms Trailer Other :

Have you moved since obtaining your cat?..... Y/n Number of times :

Has your household changed since obtaining your cat? Y/n Describe :

Food

Brand of food fed :

When fed? How much do you feed?

Who feeds the cat? Where fed?

What is your cat's favorite treat?



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Cat's Information

Why did you obtain your cat?

.....

Why did you choose this cat?

Where did you get this cat? CKC Reg. Breeder SPCA Pet store Friend Stray Other

Have you owned cats before? Y/n Why did you choose this cat over the others?

.....

If known : how many littermates? Male Female

Describe your cat's behaviour as a kitten :

.....

Has your cat had any other owners? Y/n How many? Why was the cat given up?

.....

Environment

How do you play with your cat?

Does your cat go outside? Y/n Does your cat use a pet door? Y/n

Is your cat supervised when outdoors? Y/n How does your cat signal to go outside?

.....

Describe a typical 24 hour day in your cat's life (morning – day – evening – night) :

.....

.....

.....

.....

What percentage of time does your cat spend outdoors / indoors ? % out % in



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Social Behaviour

Where does your cat sleep at night?

.....

Where is your cat when you have guests?

How does your cat behave with adult visitors?

.....

How does your cat behave with visiting children?

.....

How does your cat behave with the veterinarian?

.....

Where is your cat when alone in the house?

.....

How does your cat behave when you return home?

.....

How does your cat respond to cats seen out of the window or in the yard?

.....

When does the cat meow?

.....

When does the cat hiss or growl?

.....

What toys does the cat have?

.....

Does your cat carry toys/objects or "mother" other animals? Y/n

What is your cat's activity level in general (circle one): Low Average High Excessive

How would you describe your cat's personality?



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Sexual Behaviour

How old was your cat when it was neutered/spayed? Why was this done?.....

.....

Were there any behaviour changed after neutering?

.....

Does your cat mount other cats? Y/n Other animals? Y/n People? Y/n

If yes, who or what is mounted?

.....

If your cat is "intact" has he/she ever been bred? Y/n If you have a female, was she a good mother? Y/n

Are you planning to breed your cat in the future? Y/n

Grooming

Does your cat groom, lick or bite him/herself excessively? Y/n Does the cat's skin ripple? Y/n

Is your cat declawed? Y/n If yes, declawed in the front only? Y/n or all four paws? Y/n

What was the immediate aftercare(ie did you shred newspaper into litter pan)?

.....

Did your cat use this litter? Y/n Did the paws become infected after the surgery? Y/n

Does your cat use a scratching post or favorite scratching area? Y/n

Elimination Behaviour

Does you cat use a litter box? Y/n How did you train your cat?

.....

Does your cat ever eliminate in the house but outside the litterpan? Y/n

If yes, does your cat urinate? Y/n or defecate? Y/n or both? Y/n

How many litter pans do you have?



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Pet's name :

Elimination Behaviour (Cont'd)

Where are they (please be specific: which room, floor etc)?

.....

What kind of pans are they? (Mark with an 'X')

..... commercial litter pan (size in inches)

..... dishpan

..... commercial litter pan with removable "lip"

..... cardboard box

..... covered box, "booda" type (cat crawls into hole)

..... covered box, "cave" type front door

..... other:

How old is each pan?

.....

Do you use a liner? Y/n If yes, what type (plastic, newspaper etc)

What kind of litter is used (please be specific)?

.....

Have you recently changed brands?

.....

How often is litter scooped?

How often is litter replaced?

How do you clean the box(es) and how often (please be specific)?

.....

Does the cat cover urine and feces in the box? Y/n

Medical History

Was there an illness or health problem when the behaviour problem started?

.....

Is your cat any medication now (pharmaceutical or alternative ie homeopathic)?

.....



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Aggression screen (Cont'd)

Did your cat bite as a kitten? Y/n

Has your cat ever bitten hard enough to break the skin or cause injury? Y/n If yes, please describe :

.....

What parts of the body has the cat bitten and how severe were the injuries?

.....

Describe a typical situation (including body language):

.....

Scale of concern

Where are you on a scale of 1 to 5, 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 my cat euthanized or give him/her up.

Any other fact you think we need to know :

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.....

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