

Feline Behavioral History

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Please answer the following questions and return this form via e-mail, fax, or mail.
Please call or e-mail to let us know if you will be mailing the form.

General Information

Date: _____

Your name: _____

Home phone: _____

Address: _____

Work/Day phone: _____

Email: _____

Name of pet: _____

Breed: _____

Date of birth: _____

Sex: _____

Neutered/Spayed: _____

Who is your regular veterinarian?

Dr. _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

What is your cat's main behavior problem?

Additional problems (please list):

How serious is the problem (or problems)? Please list below.

a. Main Problem: _____ Seriousness: _____

b. Other Problem: _____ Seriousness: _____

c. Other Problem: _____ Seriousness: _____

Chronology of the Behavior Problem

When did you first notice the main problem (age of cat)?

Describe the chronology of the behavior problem, i.e., how it has developed over time.

When did it first become a serious concern?

In what general circumstances does your cat misbehave?

How frequently does the problem (or problems) occur (how many times per day, week or month)?

a. Main Problem: _____ Frequency: _____

b. Other Problem: _____ Frequency: _____

c. Other Problem: _____ Frequency: _____

Has this problem changed in frequency? Please describe.

Has this problem changed in intensity? Please describe.

Has this problem otherwise changed? Please describe.

Describe the most recent incidents in detail:

1. Most recent incident: (*Date:* _____)

2. Second to last incident: (*Date:* _____)

Describe any other significant incidents.

What have you done so far to try to correct the problem? Did anything help?

How do you discipline your cat for this and for other misbehavior?

Elimination Behavior

Does your cat use a litter pan? _____ Yes _____ No

How did you litter train your cat?

Does your cat ever eliminate outside the litter pan? _____ Yes _____ No

- *If yes*, does your cat urinate _____, defecate _____, or both _____?

How many litter pans do you have? _____

Where are they located? Please be specific as to which room and which floor of the house.

What kind of litter pans do you have? Indicate the number of each type of pan.

- _____ commercial litter pan
- _____ commercial litter pan with removable “lip”
- _____ covered box, “cave-type” front door
- _____ covered box, “Booda-type” (cat enters through a large hole)
- _____ dishpan
- _____ cardboard box
- _____ other (please describe)

How old is each litter pan?

Do you use a litter pan liner? _____ Yes _____ No

- *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 the litter replaced?

How do you clean the box or boxes, and how often? Please be specific.

Does your cat cover his/her feces and urine in the box?

Please provide a drawing of your home indicating where your cat sleeps, eats, or drinks. Please mark the location of all litter boxes.

Home Environment

Please list the people, including yourself, living in your household. Please include ages of children.

Name	Age	Hours away from home

Please list all animals in the household including patient, in the sequence in which they were obtained.

Name	Species	Breed	Sex	Age obtained	Age now

What is your cat's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe.

What type of area do you live in? (Select one) City/Town Suburbs Rural

What type of house do you live in? Please describe.

Have you moved since acquiring your cat? ____ Yes ____ No

- *If yes*, how many times? _____

Has your household changed since acquiring your cat? ____ Yes ____ No

- *If yes*, please describe.

Cat's Background

Why did you decide to get a cat?

Have you owned cats before? _____ Yes _____ No

Why did you choose this particular cat?

Where did you get your cat?

- _____ SPCA
- _____ Breeder – newspaper ad or flyer
- _____ Breeder – referral
- _____ Pet store
- _____ Friend
- _____ Stray
- _____ Other (please explain)

If known, how many littermates did your cat have? _____ Males _____ Females

How many animals were there from which to choose?

Why did you choose this cat over the others? Please be specific.

Describe your cat's behavior as a kitten.

Has your cat had other owners? _____ Yes _____ No

- *If yes*, how many?
- Why was he/she given up?

Diet and Feeding

What do you feed your cat? Please give the brand name.

Has your cat's appetite changed, i.e., increased, decreased, or remained the same?

How much and how often do you feed your cat? Please be specific.

Who feeds your cat?

Where is your cat fed? Where does your cat drink?

What is your cat's favorite treat?

Daily Schedule – Typical 24-hour day

Please describe a typical 24-hour day in your cat's life:

How do you play with your cat?

Does your cat go outside? _____ Yes _____ No

- *If yes*, is your cat supervised outside? _____ Yes _____ No

- How does your cat signal to go outside?

- Does your cat use a pet door? _____ Yes _____ No

Is your cat harness or leash trained? _____ Yes _____ No

What percentage of time does your cat spend outdoors or indoors?

_____ % Indoors _____ % Outdoors

Social Behavior

Where does your cat sleep at night? Please be specific.

Does your cat greet you when you come home? _____ Yes _____ No

- *If yes*, please explain.

Where is your cat when you have guests?

How does your cat behave with visitors, adult or children?

How does your cat behave with the veterinarian?

Where does your cat spend most of his/her time when alone in the house?

How does your cat act when he/she sees strange cats outside?

When does your cat meow? When does he/she hiss or growl?

What toys does your cat have?

Does your cat carry toys or objects or “mother” other animals? _____ Yes _____ No

What is your cat's activity level in general? Circle one:

Low

Average

High

Excessive

How would you describe your cat's personality?

Sexual Behavior

At what age was your pet neutered/spayed? _____

- Why was this done?

Were there any behavior changes after neutering?

If your pet is "intact" has he/she ever been bred? _____ Yes _____ No

Are you planning to breed your cat? _____ Yes _____ No _____ Unsure

If your cat is a female, has she ever had kittens? _____ Yes _____ No

- *If yes*, was she a good mother? _____ Yes _____ No

Does your cat mount:

- Other cats? _____ Yes _____ No
- Other animals? _____ Yes _____ No
- People? _____ Yes _____ No
- *If yes to any of the above*, who or what is mounted?

Does your cat know any tricks? _____ Yes _____ No

- *If yes*, please describe.

Grooming

Does your cat groom, lick, or bite himself/herself excessively? _____ Yes _____ No

Does your cat's skin ripple? _____ Yes _____ No

Is your cat declawed? _____ Yes _____ No

- *If yes*, is he/she declawed on the front paws only _____, or on all four paws _____?
- Did you use shredded newspaper in the litter pan immediately following your cat's declaw surgery? _____ Yes _____ No
- Did your cat use the newspaper? _____ Yes _____ No
- Did your cat's paws become infected after the surgery? _____ Yes _____ No

Does your cat use a scratching post or favorite scratching area? Please describe.

Medical History

Has your cat been ill and/or on medication in the past? Please provide details.

Is your cat on any medication now, for this or any other problems? Please provide details.

Date of most recent rabies vaccination: _____ (1 year, 3 year)

Seriousness of the Problem

Where are you on a scale of 1 to 5 as follows? Please select the answer that best describes your situation.

1. I am here only out of curiosity; the 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 is 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.

Please add any other comments in the space below.

End of questionnaire - Thank you!

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