

**Feline Behavior Pre-History Form**  
**Veterinary Behavior Specialists**  
**Phone: 925-305-3745**  
**Address: 7660 Amador Valley Blvd. #E**  
**Dublin, CA 94568**  
**Fax: 888-230-4043**

Thank you for booking a behavior appointment! We look forward to meeting your pet and family. Please fill this form out as completely and thoughtfully as possible since it will help to make best use of our time at our upcoming appointment.

**Client Information:**

**Owner:** \_\_\_\_\_  
**Spouse/Co-Owner**  
**/Alternate Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone 1:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone 2:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Best Number:** \_\_\_\_\_

**Owner**

**birthdate:** (required for prescriptions)    xx/xx/xxxx    \_\_\_\_\_

**What are the best days of the week to reach you?** \_\_\_\_\_

**Who referred you to us?** \_\_\_\_\_

**Primary care veterinarian (doctor name, hospital name, and phone number):** \_\_\_\_\_

Would you like Dr. Stepita to update your veterinarian on our appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

**Pet Information:**

**Pet's Name:** \_\_\_\_\_

**Cat/Feline** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Spayed / Neutered** \_\_\_\_\_ **Intact** \_\_\_\_\_

**Coat Color:** \_\_\_\_\_

**Date of Birth or Current Age:** \_\_\_\_\_

**Pet Insurance Company** \_\_\_\_\_

**Medical Alerts** \_\_\_\_\_

Date of last rabies vaccination: \_\_\_\_\_ 1year \_\_\_\_\_ 3year \_\_\_\_\_

Date of appointment: \_\_\_\_\_

History:

**Household Information:**

People living in household including name, age, relationship (e.g. spouse, son, roommate, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other people in regular contact with pet (e.g. pet sitters, housekeepers, friends, etc.) including name, age, relationship (e.g. spouse, son, roommate, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Type of Home: Single Family Detached\_\_\_\_ Apartment\_\_\_\_ Attached house (condo)\_\_\_\_  
Mobile home\_\_\_\_ Other (please describe)\_\_\_\_\_

Since you adopted this cat how many houses has the cat lived in? \_\_\_\_\_

List any major household changes since acquiring this cat (e.g. moves, illness/death of pets/people, added new people/pets to the household, etc.)

Date:\_\_\_\_\_ Event:\_\_\_\_\_  
Date:\_\_\_\_\_ Event:\_\_\_\_\_  
Date:\_\_\_\_\_ Event:\_\_\_\_\_

Other pets in household including name, species (e.g. dog, cat), breed (e.g. Golden Retriever, Siamese), Male/Female, Spayed/Neutered, current age, and age when obtained:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Acquisition Information:**

How old was this cat when acquired/ how long have you had this cat? \_\_\_\_\_

Where did you obtain this cat? Breeder \_\_\_\_\_ pet store \_\_\_\_\_ shelter/rescue organization \_\_\_\_\_  
private home/previous owner \_\_\_\_\_ other (please describe) \_\_\_\_\_

Behavior of cat's parents/littermates (if known):

Describe previous home(s) (if known):

**Neutering Information:**

Is this cat spayed/neutered: No \_\_\_\_\_ Yes \_\_\_\_\_

If YES: At what age? \_\_\_\_\_

Reasons for neutering/spaying: (check all that apply): Prevent behavior problem \_\_\_\_\_ Health/Vet recommended \_\_\_\_\_ Population control/don't plan to breed \_\_\_\_\_ Adoption agreement \_\_\_\_\_

Correct existing behavior problems (list problems) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Did you notice any changes after neutering/spaying?

If not neutered/spayed, why? (check all that apply): Show cat \_\_\_\_\_ Plan to breed \_\_\_\_\_

Too young \_\_\_\_\_ Health concerns \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**Medical History:**

List any major illnesses/surgeries (dates):

List all medications/treatments your cat is currently receiving including dietary supplements, herbal/homeopathic treatments:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Feeding:**

Where and when is your cat fed meal(s)? \_\_\_\_\_

How long is food available? \_\_\_\_\_ N/A (eats immediately) \_\_\_\_\_

**Average Day:**

Does your cat go outside: No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, how much time does s/he spend outside daily? \_\_\_\_\_ Where? \_\_\_\_\_

**Litterbox information:**

Number of litterboxes in house \_\_\_\_\_

Location(s): \_\_\_\_\_

Type (and # of each type if applicable) of box(es):

Covered \_\_\_\_\_ Uncovered \_\_\_\_\_

Size of box(es): \_\_\_\_\_

Type(s) of litter used: Clay \_\_\_\_\_ Clumping/scoopable \_\_\_\_\_

Crystals \_\_\_\_\_ Pellets (pine, wheat, etc) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

How often is the box scooped out? \_\_\_\_\_

How often is the box completely emptied and cleaned out? \_\_\_\_\_

What do you use to clean the box thoroughly (i.e. mild soap, bleach)? \_\_\_\_\_

**Cat Behavior Screen:**

Does your cat engage in the following behaviors at least weekly:

|                            | No | Yes | Don't know |
|----------------------------|----|-----|------------|
| Housoiling                 |    |     |            |
| Excessive vocalization     |    |     |            |
| Scratching furniture       |    |     |            |
| Self licking/chewing       |    |     |            |
| Pacing/repetitive behavior |    |     |            |
| Consumes non-food objects  |    |     |            |

| How does cat react to following: | Happy/ Neutral | Fearful/ Anxious / Hides | Hiss/ Growl | Scratch/ Bite | Don't Know/ Not Applicable |
|----------------------------------|----------------|--------------------------|-------------|---------------|----------------------------|
| Veterinarian's office            |                |                          |             |               |                            |
| Unfamiliar people entering house |                |                          |             |               |                            |
| Unfamiliar people petting        |                |                          |             |               |                            |
| Family members petting           |                |                          |             |               |                            |
| Family members picking up        |                |                          |             |               |                            |
| Other household dog              |                |                          |             |               |                            |
| Other household cat              |                |                          |             |               |                            |
| Outdoor cats                     |                |                          |             |               |                            |
| Loud noises                      |                |                          |             |               |                            |

**Bites:**

Has your cat ever bitten a person? No \_\_\_\_\_ Yes \_\_\_\_ . If yes, please answer the remaining questions on this page.

Describe the person/people bitten (age, gender, actions e.g. 10 year old boy petting cat). Continue on additional pages if needed.

How bad was the worst bite your cat gave to a person (check all that apply):

Made contact but didn't leave a mark \_\_\_\_\_ Small red mark \_\_\_\_\_ Bruised, didn't break skin \_\_\_\_\_  
 Broke skin, minor scrape \_\_\_\_\_ Broke skin, punctures \_\_\_\_\_ Multiple punctures \_\_\_\_\_  
 Punctures and tore flesh \_\_\_\_\_ Multiple bites at one time \_\_\_\_\_ Required emergency treatment  
 (describe) \_\_\_\_\_

Where was the bite (ie arm, leg, etc)? \_\_\_\_\_

Have any bites been reported to Animal Control or other authorities? No \_\_\_\_\_ Yes \_\_\_\_\_

Comments:

Have any victims threatened/taken legal action because of an aggressive incident? N\_\_\_\_ Y\_\_\_\_

If yes, describe incident:

**Primary Behavior Problem:**

What is the ONE main behavior problem you are most concerned about? \_\_\_\_\_

For each incident below **please include**, if applicable: where the incident occurred, who else (human and animal) was present, what happened just before the incident (if known/ applicable), how everyone present reacted, and other information relating to the incident.

First incident of the main behavior problem:

Date of event \_\_\_\_\_ Cat's age \_\_\_\_\_ (Approximate date/age is o.k.)

Describe the VERY FIRST incident of this problem. Try to remember the earliest occurrence of the problem, even if it wasn't as serious as it is now. For instance, if your cat is aggressive to people, describe the first time she growled or hissed at someone, not the first bite.

Describe per instructions above the most recent incident of the main behavior problem:

Date of event \_\_\_\_\_ Cat's age \_\_\_\_\_

Describe per instructions above at least one other incident you feel illustrates the main behavior problem (if you would like to describe other incidents please do so on a separate page):

Date of event \_\_\_\_\_ Cat's age \_\_\_\_\_

If applicable please describe changes in your cat's body language or facial expression (including tail and ear position, and overall body posture) before, during or after the incidents.

**Frequency:**

How frequently does the main behavior problem occur?

>10 times/day\_\_\_\_\_ 1-10 times/day\_\_\_\_\_ 1-6 times/week\_\_\_\_\_ <1x/week\_\_\_\_\_ <1time/month\_\_\_\_\_

Is the frequency... Increasing\_\_\_\_\_ Decreasing\_\_\_\_\_ Unchanged\_\_\_\_\_

Describe what you've tried to correct the problem and what the cat's response has been to each attempt.

Please include on a separate page a floor plan sketch of where your cat lives. Include in the diagram the location of: litterbox(es), food dishes, and **mark with an "x"** areas where the problem behavior occurs.

How serious do you and other members of the household find this problem:

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Has anyone suggested you euthanize or rehome this cat because of this problem? Y\_\_\_\_\_ N\_\_\_\_\_

Have you ever considered euthanasia or rehoming your cat because of this problem? Y\_\_\_\_\_ N\_\_\_\_\_

List other problem behaviors in order of importance to you.

What are your overall goals for your pet?

**LIABILITY:**

- As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that behavior therapies recommended by Dr. Meredith Stepita may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them.
- I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk.
- Furthermore, I realize that Dr. Meredith Stepita cannot guarantee that a pet will not be aggressive or cause injury to people or property in the future and that the pet's owner(s) and handler(s) continue to assume all liability for any future aggression.
- By signing below, I am freely assuming these risks and do not hold Dr. Meredith Stepita or Veterinary Behavior Specialists liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations.

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

I, \_\_\_\_\_ have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of Dr. Stepita.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_