

Second Pet Feline Behavior Registration and Pre-History Form

**Veterinary Behavior Specialists
7660 Amador Valley Blvd. #E
Dublin, CA 94568**

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:** _____

Best Phone

Number: _____

Pet Information:

Pet's Name: _____

Cat/Feline _____ **Breed** _____

Male _____ **Female** _____ **Spayed / Neutered** _____ **Intact** _____

Coat Color: _____

Date of Birth or Current Age: _____

Pet Insurance Company: _____ **Policy No.** _____

Medical Alerts _____

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

Date of last rabies vaccination: _____ **1year** _____ **3year** _____

Date of appointment: _____

History:

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? _____

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 on the next page **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.

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.

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 Ironhorse VetCare 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: _____