

Feline Behavior Pre-History Form
Veterinary Behavior Specialists
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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: _____ **Policy No.** _____

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, Veterinary Behavior Specialists, 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: _____