

Feline History Form

Please answer the following questions and return to Dr. Albright or New Haven Central Hospital for Veterinary Medicine, Inc. via e-mail, fax, or mail (please call or e-mail to let us know if you will be mailing the form).

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General Information

Date: _____ Clinic # _____
Name of person completing form: _____
Client's name: _____ Name of pet: _____
Address: _____ Breed: _____
_____ Date of Birth: _____
Zip Code: _____ Sex: _____ neutered/spayed: _____
Home phone: _____
Work/Day phone: _____
e-mail: _____ (please circle preferred way to contact you)

Who is your regular veterinarian:

Dr. _____
Clinic Name: _____
Address: _____

Phone: _____
Fax: _____

Behavior Problem

What is the main behavior problem or complaint?

How much of a problem is this behavior? How serious are other behavior problems? Please list.
BEHAVIOR PROBLEM VERY SERIOUS SERIOUS NOT SERIOUS

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

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

When did it first become a serious concern?

In what general circumstances does the cat misbehave?

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly):

a. Problem: _____ Frequency: _____

b. Problem: _____ Frequency: _____

c. Problem: _____ Frequency: _____

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe) Has this problem otherwise changed?

Describe several examples in detail:

1. Most recent incident: (Date: _____)

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

3. Third to last incident: (Date: _____)

Other significant incidents:

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

How do you discipline your cat for this problem?

Elimination Behavior

Does your cat use a litter pan? _____yes _____no

How did you litter train your cat?

Does your cat ever eliminate in the house but outside the litter pan?

_____yes _____no

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

How many litter pans do you have? _____

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

What kind of pans are they (indicate number)?

_____ commercial litter pan (size:)

_____ commercial litter pan with removable "lip"

_____ covered box, "cave"-type front door

_____ covered box, "Booda"-type (cat crawls into hole)

_____ dishpan

_____ cardboard box

_____ other (please describe:)

How old is each pan? _____

Do you use a 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 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?

Cat's Background

Why did you decide to get a cat?

Where did you get this cat (circle one):

SPCA BREEDER - newspaper ad/flyer BREEDER - referral PET STORE FRIEND STRAY
OTHER: _____

Have you owned cats before? _____yes _____no

How old was the cat when acquired? _____

If known: how many littermates? _____

males _____ females _____

How many animals to choose from? _____

Why did you decide to get a cat? Why this particular breed, sex, color?

Why did you choose this cat over the others (please be specific):

Describe your cat's behavior as a kitten:

Has this cat had other owners? _____yes _____no

If yes, how many? _____

If yes, why was the cat given up?

How long have you had this cat? _____

Diet and Feeding

What do you feed your cat? (Please be specific, e.g. brand name)

Has your cat's appetite (increased, decreased, no change)? _____

How much do you feed? (please be specific) How often and when is it fed? Where is he/she fed?

Where does your cat drink?

Who feeds the cat?

What is your cat's favorite treat?

Home Environment

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

Name	Age	Hours away from home
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Please list all animals in the household:

Name	Species	Breed	Sex	Age Obtained	Age Now
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In what sequence were the above animals obtained? (Please number animals in the table above).

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? (Circle one)

CITY

SUBURBS

RURAL

What type of house do you live in? (Circle one)

APARTMENT - STUDIO OR 1 BEDROOM APARTMENT - 2 + BEDROOMS

DUPLEX/ATTACHED HOUSE HOUSE - SINGLE FAMILY TRAILER FARM

OTHER: _____

Have you moved since acquiring your cat? _____yes _____no

If yes, how many times? _____

Has your household (people or animals) changed since acquiring your cat?

_____yes _____no

If yes, please describe:

Daily Schedule

How do you play with your cat?

Does your cat go outdoors? _____yes _____no

Is your cat supervised when outdoors? _____yes _____no

How does your cat signal to go outside?

Does your cat use a pet door? _____yes _____no

Is your cat harness/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 sleep (more, less, same)? _____

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?

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? _____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 cat neutered/spayed? _____

Why was this done?

Were there any behavior changes after neutering?

Does your cat mount other cats? _____yes _____no

Animals? _____yes _____no

People? _____yes _____no

If yes, who or what is mounted?

If your cat is "intact" has he/she ever been bred? _____yes _____no

If you have a female, was she a good mother? _____yes _____no

Are you planning to breed your cat in the future? _____yes _____no

Grooming

Does your cat groom, lick or bite himself excessively? _____yes _____no

Does the cat's skin ripple? _____yes _____no

Is your cat declawed? _____yes _____no

If yes, declawed in the front only _____ or all four paws _____?

What was the immediate aftercare (e.g. did you shred newspaper into the litter pan?)

Did your cat use this litter?

Did the paws become infected after the surgery? _____yes _____no

Does your cat use a scratching post or favorite scratching area? (please describe)

Medical History

What medications is your cat on now?

Has your cat been on other medications in the past?

Where are you on a scale of 1 to 5 as follows (please 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.

Comments (please use back of page if necessary):

If your cat is eliminating outside of the litter box, please provide a rough sketch of your home's floor plan. Label windows, doors, favorite resting areas, litter boxes, and place an 'X' where the cat eliminates.

END OF SURVEY 6 THANK YOU!