

FELINE BEHAVIOR CASE HISTORY FORM

Patient name:

Date of appointment:

The more thoroughly you fill out this form, the more important information Dr. Thornton will have to help you and your pet. IF YOU CAN DO SO SAFELY (do not allow aggressive interactions), obtain video of the problem behavior or the location(s) where it occurs, and bring it to the appointment. Do not make a movie; 5 minutes or less of video is usually adequate. This form should be completed by the person who knows this pet best/spends the most time with the pet; but please get input from others who live with the cat as well. Please indicate any areas of disagreement among household members.

YOUR HOUSEHOLD

In the order that they arrived in your home, please list all (including this cat) non-caged pets in your home.

Pet's name	Breed (or mix, or primary breed)	Age	Gender (m/f; spayed/ neutered)	Source of pet/ reason obtained	Age and approx date when obtained	How does this pet relate to the others?
1)						
2)						
3)						
4)						
5)						

Please list each human household member:

Person's name	Age	Gender	How does this person interact with the pets?	What is this person's typical schedule?
1)				
2)				
3)				
4)				
5)				

Circle all descriptors that apply to your household:

extremely organized organized unstructured disorganized chaotic very routine variable routine stable location frequent moves urban suburban
semirural foothills farm or ranch large yard no yard under 1000 square feet over 2500 square feet noisy quiet single family multifamily

On a separate sheet, please sketch your floor plan and yard layout (or nearby surroundings).

Which pet are we seeing this visit for a behavior problem?

DEFINITION OF PROBLEMS AND GOALS

In the order of importance of the problem to you, please list each behavior problem this pet is having:

Problem	Getting better, worse, staying the same?	Frequency of problem	Rate this problem as not serious, serious, or very serious	If this problem is not resolved, will you keep this cat?	If everyone in the household is not in agreement about the seriousness of this problem, and similarly committed to resolving it, please describe discrepancies.
1)					
2)					
3)					
4)					
5)					

Multiple problems, if not related behaviorally to each other, may need to be assessed and treated separately. We will focus this visit on Problem 1.

My ideal outcome for this behavior problem:

I would be satisfied with:

DESCRIPTION OF CAT'S "PERSONALITY"

Circle all descriptors that apply to your cat:

quiet calm confident bold unruly shy intelligent spiteful affectionate sensitive playful grumpy inquisitive independent clingy scary vigilant jumpy focused
relaxed lazy anxious dramatic couch potato fearful

Favorite toys (rank top 5)

Favorite edible treats (rank top 5)

Favorite activities (rank top 5)

Does your cat respond to catnip? How?

Does your cat hunt? If so, what is your cat's favorite prey?

Does your cat have (for each yes, please note how enthusiastically this cat uses the item):

- A window perch?
- A cat run?
- A box or basket or cuddle bed with sides?
- A scratching post?

When does your cat:

- Meow?
- Growl?
- Purr?

DESCRIPTION OF CAT'S SOCIAL RELATIONSHIPS AND DAILY ROUTINE

Which person is responsible for each of these aspects of the pet's life?

Name	feeding	playing	giving treats	giving medicine, healthcare	cleaning up after/litter box duty	grooming	petting, lounging or sleeping with	pet's "best friend"	is anyone an "un-fan" of this pet?
1)									
2)									
3)									
4)									
5)									

If your cat becomes anxious, aggressive or aroused, how long does it take for the cat to settle back down to normal?

How many hours of the average day does your cat spend:

- loose in the house
- loose in the yard
- supervised outdoors (on leash or loose?)
- outdoors in a cat run or other confined area
- with free access indoors and outdoors (e.g. with pet door)
- in a room or area (e.g. laundry room, mud room)
- in a crate

During the day, where are you most likely to find your cat?

Overnight, where does your cat usually sleep? Does your cat get up and move around overnight?

Where is your cat when:

- friends visit
- strangers visit
- when family is home
- when family is gone

Is there anyone that the cat usually follows or sticks to around the house, or is the cat pretty independent of people?

How does your cat get your attention (e.g. pawing, jumping on you, vocalizing)?

Does your cat rub his/her face on people or objects? If yes, please describe:

On a separate sheet, please describe a typical 24-hour period in your cat's life. Include sleeping/napping times, mealtimes, interaction with you, etc.

RELATIONSHIPS

How does your cat respond to (or while under the control of) each family member when the following is done or occurs? Use these abbreviations to fill in the chart:

- **E** enjoys
- **T** tolerates
- **MA** moves away, looks fearful, or attacks then withdraws/ runs away
- **MT** moves towards/lunges/chases viciously or corners
- **G** growls/hisses
- **B** bites

If there are additional circumstances/details (e.g. only hisses if stranger is adult male wearing a baseball cap), please add appropriate notes.

Name	pets	hugs	picks up	disturbs while resting	verbally punishes	physically punishes
1)						
2)						
3)						
4)						
5)						
Stranger						

UNDESIRABLE ACTIVITIES

Please star any activities your cat engages in, and provide any additional details:

- Jumps on counters where not allowed
- Jumps on furniture where not allowed
- Climbs drapes or other furnishings
- Nips or grabs people with mouth/play bite
- Scratches people
- Scratches objects or furniture
- Destructive chewing
- Excessive grooming

UPBRINGING AND EDUCATION

If your cat had a previous owner, what do you know about that situation(s)?

LITTERBOX INFORMATION

What room is litter box in?	Is the box along a wall or in a corner?	What is near the litter box?	What brand of litter is in the box?	Is the litter chunky like clay or very sandy (like beach sand)?	Is the litter regular or clumping?	How deep is the litter?	Is there a liner?	Does the box have a lid?	Does your cat dig or bury in the litter?	Is the litter scented?	Approximately how large is the box, in inches?	Rank the boxes in order of use by <i>this cat</i> :

How often do you scoop the litter?

How often do you toss it entirely and start with new litter?

What do you use to clean the box when you empty it entirely?

How much time, in minutes, does your cat spend in the box during defecation?

How much time, in minutes, does your cat spend in the box during urination?

Does your cat eliminate outdoors? In what substrate material (dirt, rocks, sand, bark)?

If your cat eliminates outside the litter box, please fill in the following section:

If you have more than one cat, how do you know that this cat is the culprit?

Did your cat ever use a litter box entirely reliably?

Are the accidents urine, stool or both?

Where does the cat eliminate outside the box?

How do you clean the soiled areas?

Describe the cat's posture when eliminating outside the box?

Is the urine on a vertical surface (wall, side of furniture, door, drapes, etc.)?

Is the urine on a horizontal surface (floor, seat of furniture, etc.)?

What surface(s) are being soiled (carpet, bathmats, tile, clothes, bedding, etc.)?

Is there a room or a surface where the cat has never inappropriately eliminated?

What percentage of the time does the cat defecate in the box? %

What percentage of the time does the cat urinate in the box? %

Any triggers or household changes that seem to correlate with the inappropriate elimination?

How often do you see stray cats outside your home? How does your cat respond if he/she sees them?

Have you noticed your cat doing any straining in the box?

Have you noticed any blood in the urine or stool?

Is the stool normal, unusually hard or runny?

Any change in the cat's water consumption or urine output?

Any change in the frequency of elimination/trips to the box?

DESCRIPTION OF OCCURRENCES OF THE PROBLEM BEHAVIOR

Describe the first incident of this behavior that you ever noticed (approximate date:):

Were there any changes in the household or litter box when the problem began?

Describe the most recent occurrence (approximate date:):

Describe at least two other typical occurrences (approximate dates:):

Can you tell when the problem behavior is likely to occur? What tips you off?

SOLUTIONS TRIED AND RESULTS

Describe what you have tried to solve this problem (e.g. punishment, changing things about the litter box, medication). Exactly what was done? Did it make the problem better, worse, or have no effect?

Have you used this correction?	When or what for?	How did cat respond?
Verbal		
Scruffing		
Spanking		
Spray of water, citronella, compressed air		
Booby traps/repellents		

GENERAL BEHAVIOR SCREEN

Screening for other behavior issues (this may overlap with primary complaint behavior problem). If you answer yes to any of the questions, please tell me What, Where, When, Why, and How for each. For the primary complaint, write "see above."

Does your cat engage in misbehavior while you are gone (e.g. housesoiling, destructiveness, yowling)?

Does your cat have urine or stool accidents in the house?

Does your cat have problems with noises (e.g. storms, fireworks, dropped items)?

Does your cat experience anxiety in novel situations (e.g. afraid when visitors come, when in new environments)?

Does your pet groom him/herself excessively (e.g. chewing or licking bald patches)?

Does your cat chew destructively?

Does your cat engage in repetitive or compulsive activity (e.g. tail chasing, chasing light or shadows, biting at nonexistent flies)?

Please go to the floor plan you drew and mark the locations of any behaviors which occur in certain locations (e.g. house soiling, destructiveness, aggression). Also mark your cat's favorite resting spots and places where he watches the outside world.

MEDICAL HISTORY:

Does your cat have any chronic medical problems (e.g. arthritis, inflammatory bowel disease/vomiting, sterile cystitis/bladder infections, diabetes, hyperthyroidism)?

Is your cat currently on any medications (prescription or over the counter, including dietary supplements, flower essences or herbs)? Please list:

For what, other than routine care visits, has your cat been to the veterinarian (e.g. infections, surgeries)?

At what age was your cat spayed or neutered?

Does your cat have any sensory deficits (e.g. hearing, sight)?