

Medical Record #:

Animal's Name:

Owner:

Species:

Age:

Sex:

Phone:

Email:

VMR151_FelineBehaviorHistory | UPDATED 04/12/22

UTCVM VETERINARY MEDICAL CENTER

FELINE BEHAVIOR HISTORY

Today's Date:

Owner's Name:

UTCVM Patient #:

Date/Time of appointment:

BEHAVIOR SERVICE, UTCVM VETERINARY MEDICAL CENTER • JULIE ALBRIGHT, MA, DVM, DACVB & RACHEL LEES, LVT, VTS (BEHAVIOR)
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PATIENT INFO

Pet's name:	Breed:
Age:	Date of birth:
Sex:	Neutered/Spayed?
Coat Color:	Approximate Weight:

OWNER INFO

Last name:		First name:	
Address:	City:	State:	Zip Code:
<i>Circle preferred contact method below:</i>	Email:		
Phone Numbers: Home:	Cell:	Work/Day:	
Who is your regular veterinarian? Dr.	Did someone other than your vet refer you? If so, who?		
Clinic Name:			
Street:			Phone:
City/State/Zip:			
Last visit date:	and reason(s):		

BEHAVIOR HISTORY

Basic description of problem (e.g., destruction when left alone, urinating in the house, bite to visitors to the home)	Age at which problem began	Frequency	Severity (check one)	Is it getting better or worse?
			<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious	
			<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious	
			<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious	

Please email or fax this form to indicate you would like to schedule an appointment and a team member will contact you. 1 of 8

HOME ENVIRONMENT

Please list the people, including yourself, living in your household. Also, please briefly describe the way each person interacts with the cat and how the cat reacts to this person:

Name	Age	Sex	Relationship (e.g. self, spouse)	Occupation (Optional but sometimes helpful)	Average # of hours away from home per day	Interactions

How often do the members of your family have conflicts regarding how to handle the cat's behavior problems? (circle one)	Never	Sometimes				Always		
	1	2	3	4	5	6	7	

Please list ALL the animals in the household **IN THE SEQUENCE THEY WERE OBTAINED**. Also, briefly describe the nature of the cat's interaction with this pet (e.g. occasional growls, little interaction, friendly, etc)

Name	Species	Breed	Sex	Neutered/Spayed?	Age obtained	Age now	Interaction

BACKGROUND INFORMATION

How long have you had your cat? Months Yrs How old was your cat when you first acquired him/her? Months Yrs

Where did you get your cat?

Was your cat an orphan? Yes No Orphaned with littermates? Yes No Bottle fed? Yes No If yes, until what age?

If orphaned, did it have contact with other: Non-related adult cats? Yes No and/or Kittens? Yes No

If known, how much time per day was the orphan in contact with other cats?

Has this cat had other owners? Yes No If yes, how many?

Why was the cat given up by the previous owners?

Why did you acquire this cat?

Did you meet your cat's parents or do you have any information about littermates? Yes No If yes, please describe?

Briefly describe your cat's behavior as a kitten (e.g. activity level, response to instructions, shy/outgoing, litterbox use):

FEARS AND ANXIETIES

Please complete the table below. Check all that apply

CIRCUMSTANCE	Hides	Escapes	Urines	Defecates	Dilates pupils	Hisses	Vocalizes	Puffs up (fur/tail)
Cat is home with family								
Cat is alone at home or separated from family								
Visitor enters home								
Visitor approaches/ interacts with cat								
Another household cat approaches								
Household dog approaches								
At veterinary office								
At groomer's								
Owner is cleaning/ decorating/renovating								
New object is in the home								
Loud noises								
Unfamiliar animal approaches								
Anything else that frightens your cat?								

AGGRESSION SCREEN FOR CATS

The following chart provides information about aggression, its intensity, and in what situations it is elicited. **For each situation listed, check your cat's worst reaction in the past.** These questions refer to situations in the past. Please do not do these things to determine your cat's reaction. If he or she has never been in a particular situation, please check "situation does not apply". Please indicate the target of aggression (e.g. person or animal) for the appropriate situation.

Circumstance	No aggression	Growls, swats, shows other aggressive behavior without biting	Bites (makes contact)	Situation does not apply	Target of aggression
General Interactions					
1	Family member stares at cat				
2	Family member reaches toward or bends over cat				
3	Family member pets cat on head or neck				
4	Family member pets cat on back or belly				
5	Family member hugs/kisses cat				
6	Family member lifts cat				
7	Family member approaches cat while resting				
8	Family member pushes/pulls cat (e.g., off furniture)				
9	Family member enters or leaves room cat is in				
10	Family member approaches/disturbs cat while eating				
Grooming					
11	Cat's ears or eyes are cleaned or treated				
12	Cat's nails are trimmed				
13	Cat is brushed/combed				

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Circumstance	No aggression	Growls, swats, shows other aggressive behavior without biting	Bites (makes contact)	Situation does not apply	Target of aggression
Interactions with other household pets					
14	Dog approaches cat while eating				
15	Another cat approaches cat while eating				
16	Cat encounters other cat near the litter box				
17	Another cat approaches/disturbs cat while resting				
18	Dog approaches/disturbs cat while resting				
19	Cat approaches another household cat who is resting				
20	Cat approaches another household cat who is eating				
Veterinary visits					
21	Cat is in the waiting room				
22	Veterinarian/staff member handles/examines cat				
23	Cat is removed from or put back in carrier				
Punishment					
24	Cat is verbally scolded or yelled at				
25	Cat is physically punished (hit)				
26	Cat is sprayed with water or hit with thrown object				
Response to strangers					
27	Unfamiliar person (adult) approaches cat				
28	Unfamiliar person (adult) speaks to/pets cat				
29	Unfamiliar child approaches or interacts with cat				
30	Response to infants or toddlers				
31	Unfamiliar person approaches/passes window while cat is indoors				
Response to unfamiliar animals					
32	Unfamiliar cat approaches/passes window while cat is indoors				
33	Unfamiliar cat approaches/interacts with cat outside				
34	Unfamiliar dog approaches/passes window while cat is indoors				

How many times has the cat bitten a person?

How many required medical attention?

Please describe the first and two most recent incidents in detail. Include date, people and animals present, location, trigger (e.g. visitor knocking on door), sequence of events leading to incident, how long the episode lasted, how you and target of any aggression reacted, and how quickly the cat returned to normal behavior (use back or separate page if necessary)

FIRST INCIDENT:

Date:

MOST RECENT INCIDENT:	Date:
SECOND MOST RECENT INCIDENT:	Date:

ENVIRONMENT

What type of area do you live in (Urban, suburban, etc.)?

What type of home do you live in (studio, apartment, house)?

Has your household changed since acquiring your cat? Yes No If yes, how?

DAILY SCHEDULE

Is your cat: Indoors only Outdoors only Primarily indoors Primarily outdoors Supervised while outside

Other (explain):

How many hours total does your cat spend outdoors, on average, per day?

Does your cat have access to the outside through a cat door? Yes No

If kept indoors, is your cat restricted to a specific area or room in the house? Please describe:

How many times do you play with toys or play games with the cat, daily (on average)?

How long does each play bout last, on average (in minutes)?

What toys does your cat have?

Do you use treat-dispensing toys? What type (brand name if known)?

ELIMINATION BEHAVIOR:

For each type of litter box you have, please indicate if you use a liner in that box, the approximate size of the box, location of box in your home, and brand name of the litter in each box.

Description	Liner?	Dimensions (L x W x D)	Location	Brand name of litter
Opened-top Commercial Litter Box				
Covered box, "cave"-type front door				
Covered box, "Booda"-type (cat crawls into hole on top of box)				
Automatic cleaning				

Does your cat scratch the litter box before and after eliminating? Yes No

Does your cat cover feces? Yes No

Does your cat put all four feet in the litter box? Yes No If not, where are the feet (e.g. outside or edge of litter pan)?

Does your cat vocalize while eliminating? Yes No

Does your cat bolt out of the litter box after eliminating? Yes No

How often do you scoop your litter?

How often do you replace the litter?

How often do you wash the litter box?

What products do you use to clean the box?

Do you add any additives to the box (e.g. baking soda)? Yes No If so, what?

If your cat is eliminating outside of the litter box, please draw a simple outline of your home's floor plan. Mark doors, windows, food bowls, human beds, cat sleeping locations, litter box locations, and locations where cat is eliminating outside of box:

DIET AND FEEDING

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

How many meals is your cat fed each day?

Does your cat finish each meal? if not, is the food bowl left out all day?

Where is your cat's food bowl?

Does your cat have any diet restrictions? Yes No If yes, please describe:

What is your cat's favorite treat (name brand or type of meat/seafood)?

MEDICAL HISTORY

At what age was your cat neutered/spayed (if applicable)? Reason:

Any behavior changes after neuter/spay? Yes No If yes, please describe:

If your cat is not neutered has he/she ever been bred? Yes No Unsure

Are you planning to breed your cat? Yes No Unsure

Is your cat declawed: front paws hind paws Age when declawed?

Any complications after the surgery?

Is your pet currently receiving heartworm and flea/tick prevention? Yes No If yes, please list the type:

Is your pet on any medications at this time? Yes No If yes, please specify:

MEDICAL PROBLEMS: Please list any previously diagnosed medical problems and how they were treated.

Date	Diagnosis	Treatment (including medications and dosage)	Outcome

Please list any **BEHAVIORAL** medications and **supplements** you have administered to your pet:

Date	Treatment	Outcome

MISCELLANEOUS

Does your cat ever mount people, cats or objects? Yes No If yes, who/what and how often?

Does your cat excessively lick/groom his/her own body, other cats, or people? Yes No If yes, who/what and how often?

Does the skin across your cat's back ripple?

4. Does your cat attack/bite its tail?

Please check the statement that best describes how you are feeling about your cat's behavior problem:

- I am here only out of curiosity - problem is not serious.
- I would like to change the problem, but it is not serious.
- The problem is serious and I would like to change it, but if it remains unchanged that's all right.
- The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.
- 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.

EXPECTATIONS

What are your expectations for your appointment with the Behavioral Medicine Clinic?

If there is anything else you would like to add about your pet's behavior please feel free to add comments or attach additional pages to this questionnaire.