

BEHAVIOR HISTORY –PLEASE FILL OUT COMPLETELY.

CLIENT: _____ DATE: _____

PET NAME: _____ BREED: _____ SEX: _____

Neutered/spayed? Y N Declawed? Y N

Age obtained?: _____ Where obtained: _____

Reason for getting pet: _____

Other pets owned at present time: _____

Indoor or outdoor: _____

Diet: _____

Medical problems (past and present): _____

People in household: _____

Has there been a change in the family, the household or schedules of family members?: _____

Have you introduced new pets in the last 3 months? _____

Have there been any other recent changes or stresses from your cat's perspective? _____

Has there been a recent move? _____

Presenting behavioral complaints) : _____

Duration: _____ Frequency: _____

Corrections tried and results: _____

Development of problem (first episode etc.): _____

Last incident (include what preceded & followed behavior): _____

Next to last incident: _____

Third to last incident: _____

Typical 24 hour day in detail: _____

Is the bowel movement normal in appearance?.....Y N

Consistency of bowel movement:Liquid: Soft: Normal: Dry

Is your cat urinating more frequently than usual?Y N Unknown

Have you noticed any blood in your cat's urine?Y N Unknown

Is your cat straining to urinate?Y N Unknown

Does your cat target vertical surfaces?Y N Unknown

Does your cat squat during the problem urination?Y N Unknown

Is the amount voided per location large?Y N Unknown
 Is there more than one location involved?Y N Unknown
 Is the problem confined to carpeted surfaces?Y N Unknown
 Does your cat spray only when she is in estrus?Y N Unknown
 How many litter boxes do you have?.....1 2 3 4
 Where are they located? _____
 Does your cat shake it's paws after exiting the litter box ?.....Y N Unknown
 Have you changed brands of litter in the past 3 months?Y N
 Is the litter box hooded?Y N
 What products do you use to clean the litter box? _____
 Does more than one cat use the same litter box?Y N
 Are feces and urine scooped from the box every day?Y N
 Did your cat have a negative experience (medicated, punished or scared), in or near the litter box?
Y N
 What does the cat do with the litter box? Get in ; stand outside; dig inside; dig outside
 Is the cat ever allowed outside?Y N
 Does your cat eliminate in the presence of other animals or people or is the elimination behavior
 secret? _____
 Will your cat immediately use a freshly cleaned litter box?Y N
 Does your cat ever vocalize while it eliminates?Y N
 Will the cat spray against the back of a covered litter box?Y N
 Does your cat ever use a shower or a bath tub for elimination?Y N
 If so, how frequently? _____
 Please describe anything else that you have noticed about your cat which might have bearing on the
 problem: _____

Please draw a rough sketch showing the location of the box(es) with respect to things like the food bowl, washing machine/dryer and dishwasher etc.

	BOX 1	BOX 2	BOX 3	BOX 4
1. Number of boxes				
2. Is the box hooded?				
3. Size of box?				
4. Location of box?				
5. Depth of box?				
6. Liner?				
7. Liner scented?				
8. Type of litter?				
9. Litter scented?				
10. Response?				
11. Frequency of changing Litter?				
12. Frequency of washing box?				
13. Deodorants used in cleaning?				
14. Number of cats sharing box?				