



# INTOWN VETERINARY GROUP

Bulger Animal Hospital ▪ Essex County Veterinary Referral Hospital ▪ Massachusetts Veterinary Referral Hospital  
Muddy Creek Animal Care Center ▪ Port City Veterinary Referral Hospital

## Feline Behavior & History Form

Please fill out the following questionnaire and return it **prior** to your appointment (e-mail or fax preferred, but you can mail it in). Please include any relevant blood work and medical records, or bring them with you to the appointment. If you are able to provide a video of your pet's behavior issue that is also very helpful.

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<b>Essex County Veterinary Referral Hospital</b> 247 Chickering Road N. Andover, MA 01845 Phone: (978) 725-5544 Fax: (978) 975-0133	<b>Massachusetts Veterinary Referral Hospital</b> 20 Cabot Road Woburn, MA 01801 Phone: (781) 932-5802 Fax: (781) 932-5837	<b>Port City Veterinary Referral Hospital</b> 215 Commerce Way, Suite 100 Portsmouth, NH 03801 Phone: (603) 433-0056 Fax: (603) 433-0029
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### Your Contact Information

<b>Appointment Date/Time:</b>
<b>Name:</b>
<b>Street Address/P.O. Box:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>E-mail Address:</b>
<b>Home Phone Number:</b>
<b>Work Phone Number:</b>
<b>Cell Phone Number:</b>

### Your Cat's Information

<b>Cat's Name:</b>
<b>Cat's Current Age:</b>
<b>Cat's Age When Obtained:</b>
<b>Cat's Breed (or best guess):</b>

<b>Cat's Gender:</b>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Spayed/Neutered ?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Age at Spay/Neuter:</b>		
<b>Cat's Weight:</b>		
<b>Where did you get your cat from?:</b>		

<b>List names, genders, and ages (if under 21) of people living in the home:</b>

<b>List other pets in the home. Include name, species, breed, age, gender, spay/neuter status, and if obtained before (B) or after (A) your pet with the behavior issue.</b>

**Medical History**

<b>List any medical problems your cat currently has:</b>

List any medical problems your cat had in the past:


Does your cat have annual veterinarian visits?       Yes       No  
 I can't take him/her because of behavior issue

List all medications your cat is currently taking (include dosage if known):


Has your cat been declawed?       Yes       No

If so, at what age? \_\_\_\_\_

Did your cat have any behavioral changes after declawing?

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**Behavior Issue & History**

Please describe your cat's behavior issue.


**When did the behavior first occur and how old was your cat at the time?**

**Has any human or pet to whom your cat was bonded left the home or passed away? If so, did this coincide with the onset of the behavior issue?**

**Is there anything you can think of that occurred when the behavior started (e.g. moved, new family member or pet, work hours changed, etc.)?**

**If the behavior issue coincided with the addition of a new animal or human to the household, please give details:**

**Please describe the last time the behavior occurred in detail. Provide information on what was happening at the time, including the location, time of day, who was present, any animals present, and how you or the other person present reacted to the behavior.**

How long does an episode of the behavior last?

How frequently does the behavior occur? Choose the most appropriate time frame and put in a number:

\_\_\_\_\_ Episodes/Year                      \_\_\_\_\_ Episodes/Week                      \_\_\_\_\_ Episodes/Day  
\_\_\_\_\_ Episodes/Month                      \_\_\_\_\_ Episodes/Hour

The behavior has: (Check all that apply)

become more frequent                       become more intense                       increased in duration  
 stayed the same                       become less frequent                       become less intense  
 decreased in duration

Are there triggers for your cat's behavior issue? If so, please list:

Can you interrupt your cat's behavior?

Yes                       No                       Sometimes

What methods have you used to stop the behavior? What has worked and what hasn't?

Have you punished your cat for his/her behavior issue? If so, what methods of punishment have you used?

**Have you or family members seriously considered rehoming your cat due to the behavior issue**  
 Yes  No

**Have you or family members seriously considered euthanizing your cat due to the behavior issue?**  
 Yes  No

<b>Please check the appropriate box:</b>	<b>Don't Know</b>	<b>No</b>	<b>Yes</b>
Did you acquire your cat at 8 weeks of age or less?			
Was your kitten orphaned or hand-raised?			
Was your cat the single kitten in the litter?			
Was your cat acquired from a shelter or pound?			
Was your cat acquired from a rescue group?			
Was your cat acquired from a pet shop?			
Has your cat had multiple owners during his/her life?			
Has your cat ever moved homes?			

**Did your cat's parents or siblings engage in similar behavior or any abnormal behavior?**

**Interactions with People & Other Animals**

**How would you describe your cat's personality, temperament, or general mood (e.g. playful, calm, hyperactive, timid, anxious, shy, aloof, affectionate, etc.)?**

**How does your cat get along with human family members?**

**My cat is especially bonded to:** (Check all that apply)

One person in the family  More than one person in the family  
 N/A, my cat isn't especially bonded to anyone

**How does your cat get along with other pets in the home?**


**If you have other cats:  
Does your cat share food or a litterbox with your other cats?**


**How does your cat respond to strangers or visitors?**


**If your cat goes outside, how does your cat act when he/she meets strange cats outside of the home?**


**How does your cat act when he/she is indoors and sees other cats through the window?**


Does your cat like or dislike certain types of cats based on their size, gender, or temperament? If so, please list and specify if like (L) or dislike (D):

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Is your cat particularly fearful or anxious around certain types or genders of people? If so, please list:

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How does your cat behave at the veterinarian's office?


**Behavior Observations**

My cat is excessively frightened by: (Check all that apply)

- car rides
- white lab coats that vets wear
- being in a cat carrier
- loud noises
- thunderstorms
- other

If Other, please list:

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Does your cat hunt?

Yes                       No

If Yes,

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does your cat eat prey items he/she catches?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does he/she keep prey items alive and play with them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does he/she leave prey items in a specific location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your cat vocalize excessively? If so, what triggers his/her vocalization?

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Does your cat demand to be petted?

Yes                       No                       Sometimes

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**Does your cat solicit attention by repeatedly crying or meowing?**

Yes                       No                       Sometimes

**Does your cat ever seem irritated by or resent petting?**

Yes                       No                       Sometimes

**If Yes or Sometimes, please describe:**

**Does your cat urinate or defecate in the house? If so, please provide details such as if its urination/defecation/both, the frequency, and the location.**

**Does your cat mount another cat in the household? If so, please explain.**

**Does your cat scratch furniture or other household items excessively? If so, what does he/she scratch and where is it located?**

**Does your cat have a scratching post? If so, does he/she use it? What kind of scratching post is it and where is it located?**

**Does your cat lick, chew, or eat anything strange?**

**Does your cat lick themselves excessively or pull out their hair?**

**Lifestyle**

**Describe a typical day's schedule for your cat:**


**Where does your cat live?**  
    \_\_\_ Indoors                      \_\_\_ Outdoors                      \_\_\_ Both

**Did your cat used to live outdoors but now lives indoors?**

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**What do you feed your cat? Include primary food and if treats or other foods are given. How much do you feed and how often is your cat fed daily?**


**How many litter boxes are in your home and where are they located?**


**What type of litter boxes do you have (open/closed, large/small, automatic)?**

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**What type of cat litter do you use? Have you tried other kinds in the past?**

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**How often do you clean the litter box, and what do you clean it with?**

**How much daily playtime does your cat get? With whom/which pet?**

**Does your cat know any tricks? Please list:**

**What are your cat's top 3 favorite things or things to do?**

**Section I:**

**If your cat has ever been aggressive in any context to animals or people, please answer the following questions. If not, you can skip this section.**

**Please check the appropriate box if your cat has exhibited aggression at any time when you or any family member did the following: (Check the most severe reaction observed)**

	<b>Not Tried</b>	<b>No</b>	<b>Yes</b>
Pet cat			
Hugged or snuggled with cat			
Groomed cat			
Physically woke or disturbed cat when resting			
Restrained cat			
Picked up or lifted cat			
Medicated cat			
Bathed or toweled off cat			
Hit cat			

<b>If your cat is aggressive towards certain family members or pets, please list:</b>
<b>How severe has the aggression been?</b>
<b>Has the aggression resulted in injuries that required veterinary or medical attention?</b>
<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes, Once</b> <input type="checkbox"/> <b>Yes, Multiple times</b>

**What kind of body language and vocalizations does your cat display when he/she is being aggressive?** (Check all that apply)

- arched back**
- tail up**
- hissing or growling**
- flattened ears**
- rolling on side or back**
- hair standing up on back**
- inverted U-shaped tail**
- dilated pupils and forward-pointing ears**
- rapid head shaking**
- constricted pupils, forward directed whiskers, and straight-forward body posture**
- tail tip wagging**
- corners of mouth pulled back, whiskers drawn to side of head, and nose wrinkled**
- crouched posture, flattened ears, and bared teeth**
- tail lashing**
- hair standing up on tail**
- salivation or panting**
- tail down or tucked**
- stalking behavior**

**If your cat has bitten or scratched you, where were the bites/scratches located?**


**Thanks for your time! We look forward to meeting you and your cat.**