FELINE BEHAVIOR HISTORY FORM

Today's Date: (MM/DD/YYYY) / / 

Owner Information:

Last name: ___________________________ First Name: ________________________________

Address:
Street: ______________________________________________________________________ City: _________________________________________

State: _______ Zip code: __________________________

Contact Number: (___________) - E-mail: __________________________________________

Household: #adults (>18 yrs): Female: _____ Male: ______

#children, Girls: _____ ages: ___________ Boys: _____ ages: _________________

Who is the primary caretaker of your cat? __________________________________________

Pet Information:
Pet’s name: __________________________ Breed: __________________ Color: _____________

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If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.
Current Age: _____________________ Date of Birth: _____________________

Sex: □ Female □ Male,    Age neutered: ________ yrs ________ mths  □ Unknown

# other cats (Please write name, breed, age and sex of each cat):

# other animals (please write name, species):

**Background information:**
Age obtained: ________ yrs ________ mths  □ Unknown

Origin:
- Own breeding
- Breeder
- Shelter/Rescue
- Don’t know
- Other

If obtained as a kitten, how was the kitten raised:
- In house
- Loose outside
- Other
- Don’t know
Did you meet your cat’s parents or do you have any information about littermates? If yes, please describe?

If previously owned, what primary purpose was the cat kept:

- Adult’s pet
- Family pet
- Children’s pet
- Show cat
- Breeding
- Research/teaching
- Other ______
- Don’t know
- N/A

How would you generally rate the cat’s temperament:

- Friendly
- Aloof
- Inhibited
- Anxious
- Hyperexcitable
- Shy of people
- Fearful (environment)
- Fear aggressive
- Offensive aggressive
- Don’t know

What was the temperament of the cat as a kitten:

- Friendly
- Aloof
- Inhibited
- Anxious
- Hyperexcitable
- Shy of people
- Fearful (environment)
- Fear aggressive
- Offensive aggressive
- Don’t know

Is the cat declawed:

- no
- front only
- front and back

Age at declawing: __________ years ____________ months

□ unknown

Type of discipline:

- none ever
- verbal reprimand
- physical
- Using training device
- startling
- time out
- other ______
Medical information:
List existing medical conditions of the cat:

List current medications and/or supplements with doses:

Diet:
Food (Please write brand, type, etc): ________________________________

Treats (Please write brand, type, etc): ________________________________

Does your cat finish each meal? ________________________________

Frequency of meals each day: ________/day

Where is the cat’s food bowl: ________________________________

Number of dishes with food: _______

Number of dishes with water: _______

Daily Schedule:
Average #hrs cat is left alone per week-day: ____________

Schedule on weekdays
☐ Is consistent  ☐ Varies

Where is the cat when left alone: _____________________________________________________

Where does your cat sleep at night: __________________________________________________

Are there any major changes in your cat’s environment/schedule after you obtained the cat? If so, please write when and what kind of changes occurred and how you think they Impacted your cat.

☐ Litter Box:
Number of litter boxes: ________

Location of litter boxes (check all that apply):
☐ Living area  ☐ Spare room  ☐ Basement
☐ Kitchen  ☐ Laundry room  ☐ Hallway
☐ Bathroom  ☐ Closet  ☐ Other

Type of litter box:
☐ Open  ☐ Covered  ☐ Varies

Type of litter:
☐ Clumping  ☐ Shavings  ☐ Sand
☐ Clay  ☐ Newspaper  ☐ Other

Is litter
☐ Deodorized/scented  ☐ No odor control  ☐ Don’t know

Type of litter
☐ is consistent  ☐ varies  ☐ N/A
Liners used:  
- No  
- Always  
- Varies

Litter boxes scooped:  
1. <1x/week  
2. weekly  
3. several x/wk  
4. daily  
5. >1x/day

Litter boxes washed:  
1. <1/month  
2. monthly  
3. weekly  
4. several x/wk  
5. daily

Cleaner used:  
- Strong disinfectant  
- Pine cleaner  
- Lemon cleaner  
- Bleach  
- Mild soap  
- Water only  
- Other___________  
- N/A

If your cat is eliminating outside of the litter box, please draw a floor plan of the house including the location of litter box and soiled area You can send it separately via email or fax with your name and cat’s name. (email: purdueabc@purdue.edu, fax: 765-496-1025)
Behavior Complaint: Summarize the behavior problems you want to discuss from most concerning to least concerning.

Problem 1:

Age at which problem began: __________________________________________________________

Frequency of the problem: _________/day _______________/week _______________/month

Severity of the problem: □ Very serious □ Serious □ Not serious

Problem 2:

Age at which problem began: __________________________________________________________

Frequency of the problem: _________/day _______________/week _______________/month

Severity of the problem: □ Very serious □ Serious □ Not serious

Problem 3:

Age at which problem began: __________________________________________________________

Frequency of the problem: _________/day _______________/week _______________/month

Severity of the problem: □ Very serious □ Serious □ Not serious
Have you considered euthanasia or giving up your cat due to these problems? □ Yes □ No

Please describe the last two incidents in detail regarding problem 1.
Most recent incident: (date, people, and animals present, location, trigger etc.)

Second most recent incident: (date, people, and animals present, location, trigger etc.)
**GENERAL BEHAVIORAL PROFILE**

How does your cat react to the following situation:

<table>
<thead>
<tr>
<th>1. No aggression</th>
<th>2. Escapes/Hides</th>
<th>3. Aggressive</th>
<th>4. Unknown/not applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Situation</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
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</thead>
<tbody>
<tr>
<td>Unfamiliar people in home</td>
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<tr>
<td>Unfamiliar people approaching or petting</td>
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<tr>
<td>Babies</td>
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<tr>
<td>Children</td>
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<tr>
<td>Nail trimming</td>
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<tr>
<td>Giving medication</td>
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<td>Grooming</td>
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<tr>
<td>Petting</td>
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<tr>
<td>Lifting cat up</td>
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<tr>
<td>Restraining cat</td>
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<tr>
<td>Putting cat in carrier</td>
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<tr>
<td>Roughhousing</td>
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<tr>
<td>Disturbing sleeping cat</td>
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<tr>
<td>Stepping over lying cat</td>
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<tr>
<td>Cat same household approaching</td>
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<tr>
<td>Other cat outside</td>
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<tr>
<td>Dog same household approaching</td>
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<tr>
<td>Strange dog outside</td>
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</tbody>
</table>

If your cat has ever bitten (broken skin) a person, how many times did it happen:

______________________________________________________________________________

If your cat has ever bitten (broken skin) of other cats, how many times did it happen:

______________________________________________________________________________

If your cat is aggressive in any other situations not listed above, please describe the trigger/situation:

______________________________________________________________________________

Thank you for taking time to fill out this form