

Feline Behavioral History Form

- Please download this form, type in answers with as much detail as possible, and then email it back to behavior@uga.edu. ***Handwritten forms will not be accepted.***
- There are no wrong or correct answers. Feel free to only answer that questions that apply to your pet.
- Please videotape your pet performing any problem behavior(s) before your visit. Do not put the pet, yourself, or other people or animals in danger for this recording. A video can be a great help for a precise diagnosis, especially if your pet will not show the behavior problem during the consultation. As some video files are too large to email, you may bring them to the appointment.
- It might be helpful if you draw a floor plan of your house with the sleeping and eating places of your pet.
- If more than one pet is involved in the behavior problem, please contact us. It may be beneficial to bring more than one pet to the consultation. Do not bring more than one pet without prior consent from the service.
- Please try to bring all family members involved in the daily care of your pet to the consultation.
- All cats must be in a carrier for safety purposes.
- The history form must be returned **one week** prior to your appointment. ***If we do not receive your completed form one week prior to your appointment, we will automatically cancel your appointment.*** Please call in advance to change your appointment if you are not able to return the form by the time it is due or if you have questions regarding the due date and time.

Thank you and we look forward to working with you and your pet(s)!

Date and time of appointment	
Client Name	
Cat Name	
Breed, color, hair length	
Age/Date of birth	
Sex	
Spayed/neutered? At what age?	
Any changes in behavior after spay/neuter?	
Weight (last known, in kg)	
Declawed/ tendonectomized? At what age?	
How was the cat cared for after procedure?	
Any behavior changes after the procedure?	
Who referred you to the Behavioral Medicine Service?	

University Of Georgia Veterinary Teaching Hospital  
Behavior Service

Phone: (706) 542-1984

Email: [behavior@uga.edu](mailto:behavior@uga.edu)

What is the problem behavior(s) or chief complaint(s)?

What do you think caused or causes the problem?

How would you describe the severity, frequency and duration of the problem at this point? Have these indications changed over time (problem more frequent or more intense, for instance?)

Please describe the first incident you can remember:

When did it start and what age was your cat(s)?

Any changes in the household or in your cat's health at the time?

Please describe the most recent incident:

Please describe the second most recent incident if different or relevant:

Describe your cat's body language and what kind of behaviors he or she displays during the episodes.

How do you and other family members react to this problem?

Please list all the animals in the household (add extra rows as needed):

Name	Species	Breed	Sex	Age	Relationship with the cat	When Obtained and why?

Where was your cat (or cats if more than one) obtained and what do you know about his or her early history? Please include the following information if known: age of weaning, age of removal from mother and litter, social contact during first 3 months of age (other cats, other animals, people, etc).

If you have more than one cat: how did you introduce each cat to one another and what happened in each case? (same apply to the instruction of dogs to your cat). If you only have one cat, skip this question.

Describe your cat's personality. If you have more than one cat, please describe them all.

If you have more than one cat: how do they get along with each other? Please be descriptive and tell us which behaviors you observe between cats. If you have one cat: skip this question. If you already described this problem previously, skip this question.

If you have more than one cat and aggressive behavior is displayed by one of the cats, how do the others respond? Aggression includes growling, hissing, swatting, hair raised on back, etc. If that question does not apply to your cat (s), skip it.

What has been done to solve the problem? Has it make a difference (positive or negative) in your cat (s) behavior?

List any drugs, dietary supplements, holistic therapies or other remedies tried so far, when, in which dosage, for how long they have been used and your cat's response to it.

Are there any cats that roam outside the house?

Is your cat (s) allowed to go outdoors? Does it have an outdoors enclosure, fenced area or catio? How can they see outside (windows, front yard, etc?)

What behavior do your cat display when looking outside? Does it stare/patrol through the windows/glass doors; does it hiss or vocalizes in any other way, do you notice signs of arousal (pupils dilated/eyes widened, fur up, tail flicking etc.)?

If allowed to go outside, how does your cat signal to go outside? Do you have a cat door? When and for how many hours a day is he or she allowed to roam?

What type of house do you live in? How many square feet of the house does your cat (s) have access to? If more than one cat: do all cats have access to the same areas?

Have you moved since you have your cat? If yes, how did he/she do with the move (were it anxious, hiding, urinating outside of the litter box, etc.)?

Please list each person living in the household (including yourself)

Name	Sex	Age	Relationship with the cat	Hours away per day

Who is each your cat most attached to and does it respond to each person? Do your cat comes when called?

How do your cat(s) react when owner(s) comes home?

How do your cat(s) respond to:

	No reaction	Avoids	Resists	Growls/Bites	Purrs	Other/Comments
Being bathed						
Being picked up						
Greeting by Owner						
Nails trimmed						
Being pet/ Stroked						
Friends visiting						
Children						
Strangers						
Veterinarian						
Dogs/other animals						
Unusual/loud/sudden noises						
Car rides						
Carrier/crate						



What are your cat(s) eating habits? What type of food is provided? How is it offered: free choice or divided into meals? Do you use food toys? How many food bowls are available if you have more than one cat? Where are the feeding stations located in the house?

How would you describe your cat(s) appetite? Any recent change?

If you have more than one cat: what happens during feeding time between the cats? How are the interactions around the food bowl? Any displays of aggression or anxiety from any of the cats? Any cats blocking the access of others? If you have one cat, skip this question.

How do your cat(s) have access to water? Water bowls/water fountains/others? How many and where are they located?

Does your cat(s) like treats or human food? Which kind, when and how are treats offered? Please list your cat's favorites.

Does your cat(s) like catnip? If yes: how does it respond to it and how do you provided (dried flakes, live plant, inside of toys, etc.).

Does your cat like to be groomed? Does it solicit to be groomed? Any signs of arousal or aggression when you brush it?

Does your cat groom itself and/or others? Do you consider the amount/frequency to be normal? Does it groom any body parts more than others? Do you notice any situations that make grooming behavior increase in frequency or intensity? If this has been described in the problem behavior section, skip this question.

Where do you cat (s) scratch? What types of surfaces and how many are available? Where are they located? Does your cat have a favorite spot? Do you notice if anything increases scratching behavior?

Does your cat rub people, other animals or objects such as furniture? Does your cat have a favorite spot to rub? Do you notice if anything increases rubbing behavior?

Does your cat any engage in any repetitive behaviors that have not been listed or described above? If yes, please explain in detail.

Does your cat (s) mount cats, other animals, people or objects?

Do any of the cats know commands or verbal cues? If yes, which ones, who trains the cats and how?

Is your cat trained to wear a harness? If yes, how was it trained? How often do you use a harness on your cat (s)?

Does your cat play with you or alone? Does it play with toys? If more than one cat: describe their play behavior with each other.

How did your cat(s) used to play as a kitten?

What kind and number of cat furniture, toys and other options of enrichment do your cat (s) have in the house (shelves, hiding areas, sleeping areas, toys, etc.)?

Does your cat hunt or try to hunt? What does it hunt?

How would you describe your cat (s) level of activity: overactive, athletic, average, sedate, repetitive?

What time of day/night are they most active? Does it sleep through the night?

Describe your cat's(s) routine and schedule and how long it is left alone:

When the owners are home, what kind of interactions do they have with the cat, how often, and for how long (play, groom, massage, petting, others)?

Describe where the cat (s) stay or sleep in the daytime when the owners are home, during the daytime with the owners are away (if known), and at night.

What do you think each your cat (s) enjoys the most (check appropriate answers):

Food	
Treats	
Play	
Toys	
Sleep	
Catnip	
Affection/attention from owners	
Contact/play with other cats	
To be left alone	

Do any of the cats ever eliminate outside of the litter box? If yes, please describe in detail when the problem begun and its characteristics. If this is your chief complaint and has been described before, skip the next 6 questions.

How often and under what circumstances does the problem occur? Do you see a relationship between the elimination issue and something else in the household or in the cat's life?

Has there been a change in frequency?

Where does it occur? List location and material(s) eliminated upon.

Does the problem behavior occur in your presence, when you are not at home or both? Have you witnessed your cat doing it? If yes, was your cat squatting or standing with the tail up? Was it vocalizing?

What has been done so far to correct the problem by the owner or veterinarian?

Does your cat mark with or spray urine? How does it happen and where? How often?

	Box #1	Box #2	Box #3	Box #4
Type of litter box				
Size of litter box				
How old is the box?				
Brand of litter				
Depth of litter				
Is a liner used? (Scented?)				
Is there anything added to the litter?				
How often is it scooped out?				
How often is the litter completely changed?				
How often is litter box washed?				
What products are used to wash box?				
Located near noisy appliances?				
Located near doors or hallways?				



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Are air vents nearby? Distance away?				
Distance of box to food and water?				

Behavior at litter box	Defecation	Urination	Comments
Dig hole prior to			
Covers afterwards			
Paws at box or ground			
Stands on edge of box			
Shakes paws			
Vocalizes during			
Prefers to eliminate in private			
Eliminates right after the box is cleaned			
Jumps/runs out of box when done			

*Please attach a map of the household, indicating where the litter boxes are located, where the cat has sprayed, urinated and defecated and where food and water are placed.*

If your cat shows aggression towards people, please fill in this box. If not, skip this question and continue.

If your cat has ever bitten or scratched anyone, please list the total number of incidents and the following details: who has been bitten, what was the context, and where on the body / how severe was the injury (if contact was made; e.g. bruised, broke skin, drew blood, # of stitches required). Have the bites been reported to public health authorities (e.g. local authorities, hospital, humane society)? Add extra spaces if needed.

Individual (name and description)	Context (situation, atmosphere)	Location (part of body affected)	Severity (did it break skin?)	Bite/scracth reported (to whom?)

Are there any other behavior problems that have not been addressed in this form?

Does your cat have any medical problems? Please list any medications, supplement or preventative products that she or he is receiving.

What are your goals for your cat(s)? What do you expect from the behavioral medicine appointment? Please be specific.

Please mark which statement 1 through 5 best describes the severity of your cats' behavior issue.

1. The problem is not serious but I came to learn the treatment options.	
2. The problem is not serious but I would like to change the behavior.	
3. The problem is serious and I would like to change it. I will keep my cat if it remains unchanged.	
4. The problem is very serious but I will keep my cat if it remains unchanged.	
5. The problem is very serious and if left unchanged, I will euthanize or relinquish my cat.	

Anything else you would like to add?

***Thank you for your time and effort. We look forward to meeting you and your cats!***