

Date: _____

Your Information

Name: _____

Address: _____

Phone: _____

Email: _____

Regular Veterinarian (We send a report to your veterinarian)

Clinic: _____

Veterinarian: _____

Address: _____

Phone: _____

Email: _____

Who referred
you? _____

Address: _____

Phone: _____

Your Pet's Details

Name: _____

Weight: _____

Breed: _____

Date of Birth: _____

Age: _____

Sex (please mark): Male Female Desexed Entire

What was the reason for desexing/not desexing?

Were there any changes after desexing?

Are your cat's vaccinations up to date?

Yes No

Does your cat have any medical conditions? Yes No

If yes, please explain.

Is your cat currently on any medications? Yes No

If yes, please explain.

Section 2 Previous History

How old was your cat when you acquired it?

What was your cat like as a kitten?

Where did you get your cat from?

Has your cat had previous owners? Yes No

If yes, why?

Why did you decide to get a cat?

Who selected your cat?

Do you have any information about relatives?

Why did you choose this breed or crossbreed or type of cat?

Have you owned other cats/pets before? Yes No

What happened to them?

Section 3 Primary Complaint

What is the problem that has brought you here today?

How would you describe the severity of the problem?

Mild Moderate Severe

How would you describe the frequency of the problem?

Rare Often Frequent

Any change in severity?

Any change in frequency?

Have you considered Euthanasia/Rehoming your cat? Yes No
Comment:

When did the problem begin?

How old was your cat when the problem begun?

Starting with the most recent occurrence, describe the problem.

Describe the most recent incident.

Describe the second most recent incident.

Describe the first incident you can recall.

What do you think caused the problem?

What have you tried to stop the problem and what was the reaction of your cat?

What was successful?

Anything make it worse?

What drugs/Foods/Supplements/herbal remedies have you tried?

Section 4 Family

Describe your family structure (e.g. Adults, children, other animals)

| Person | M/F | Occupation | Time away from home daily | Age |
|--------|-----|------------|---------------------------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please describe all of your pets

| Acq | Name | Species/Breed | Sex- Neutered | Age Acquired | Age now |
|-----|------|---------------|---------------|--------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Has your household changed since acquiring your cat? Yes No How?

Does your cat like children? Yes No Describe:

How does your cat get along with each family member?

Describe your cat's interactions with other pets in the household.

Section 5 Management

What percentage of time does your cat spend

Inside

Outside

What parts of the house and yard does the cat have access to?

Does your cat hunt? Yes No

If yes, what does it hunt and what does it do with caught prey?

Does your cat know any tricks? Yes No Describe

What time(s) of the day do you feed your cat?

Who feeds your cat?

Where do you feed your cat?

What do you feed your cat?

Describe your cat's eating habits.

What are your cat's favourite toys?

What sort of games does your cat enjoy?

Where does your cat sleep?

Section 6 Elimination Problems

Is your cat housetrained? Yes No

Does your cat ever eliminate inside? Yes No

Does your cat mark? Yes No

Describe:

Where does your cat house soil or mark?

When is your cat likely to house soil or mark?

Does the cat house soil when family members are home? Yes No

Describe:

Does your cat house soil or mark while you are watching? Yes No
Describe:

What do you do after your cat eliminates in the incorrect location?

How many litter boxes do you have for your cat(s)?
0 1 2 3 4 5 _____

What sort of litter boxes are they (eg simple tray, covered boxes etc)

How frequently is litter changed?

How frequently is the tray washed and replaced?

What products are used for cleaning?

Where in the house are the litter trays located? (Please draw a map and mark where the trays, food and water and beds are located)

Does the cat have a preference for any of the boxes provided? Yes No
If yes, please mark on the diagram.

Does the cat ever vocalize while eliminating? Yes No

Does the cat vary its elimination routine in the presence or absence of another pet or any other situation? Yes No
If yes, please describe:

Section 7 Departure problems

When you go out, where is your cat?

How long is the cat left alone on average (hours/day)?

How often is your cat left alone on average (days/ week)?

How does your cat react before it is left alone?

Does your cat display any behaviour problems when you leave it alone? Yes No
Describe:

Does the behaviour differ depending on the length of time or time of day left alone? Yes No
Describe:

How does your cat react at the time of departure?

Does the behaviour differ depending upon who is the last to leave? Yes No
Describe

What is your cat's reaction to homecomings?

Has your cat been boarded or left at vets/friends? Yes No
Describe its reaction:

Section 8 Reactivity and Noises

Indicate how your cat reacts to each of the following:

Thunderstorms

Fireworks

Other noises (describe)

Section 9 Fearfulness and Aggression

Is your cat fearful? Yes No

If yes, do you consider your cat's fearfulness to be:

Mild Moderate Severe

When is your cat fearful?

Has your pet ever displayed any aggression (threat, growling, scratching, biting) towards:

Familiar People Yes No

Unfamiliar People Yes No

Familiar cats Yes No

Unfamiliar cats Yes No

When was the most recent threat or bite attempt?

What happened?

Situations causing aggression:

Patting/Handling/Restraint growled attempted to bite bitten no aggression

Describe

Eating food or treats growled attempted to bite bitten no aggression

Describe

Waking up growled attempted to bite bitten no aggression

Describe

Is aggression the primary reason for today's visit? Yes No

Is the problem serious enough that you will be unable to keep your pet if it is not improved?

Yes No

Is your cat aggressive to visitors to your home? Yes No

Were they known or strangers or both?

Describe:

Is there a particular person that your cat is likely to threaten or bite?

Is there a particular location or situation where aggression is most likely to occur?

Has your cat bitten? Yes No

How many times?

Has your cat broken skin with a bite? Yes No

How many times?

Is your cat aggressive to other animals? Yes No
Describe

When your cat displays aggression, how do you handle the situation and what is the cat's reaction?

After an incident, how do you handle the situation and what is the cat's reaction?

How would you describe your cat's attitude at the time of the aggression?

Describe your cat's expression and postures at immediately prior to and during the aggressive incident.

Section 10 Anything else?