



# Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



## Feline Behavior History

Please answer the following questions and return this form prior to your 1<sup>st</sup> appointment.  
Email to [Linda@cannonvet.com](mailto:Linda@cannonvet.com) // Fax to 651-258-4051 // or Mail to above address.  
Please answer the following questions carefully. Feel free to add any other important information.  
This completed form will be utilized to assess your cat's behavior and to form an individualized treatment plan.

### General Information

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Household

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages of children \_\_\_\_\_

Adults occupations: \_\_\_\_\_

Who is the primary caretaker of the cat? \_\_\_\_\_

Do you have additional pets in your home? Yes \_\_\_ No \_\_\_

How many? \_\_\_\_\_ What species? \_\_\_\_\_

### Patient Information

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Status: Intact \_\_\_ Spayed \_\_\_ Neutered \_\_\_

Is your cat declawed? Yes \_\_\_ No \_\_\_ Front Only \_\_\_ Front and Back \_\_\_ What Age \_\_\_

Average number of hours cat is left alone per weekday \_\_\_\_\_

Schedule on weekdays: Consistent \_\_\_ Varies \_\_\_\_\_

Where is the cat when left alone?

Confined in a Room \_\_\_ Garage \_\_\_ Other \_\_\_\_\_

Cage \_\_\_ Basement \_\_\_ Outside \_\_\_ Loose in House \_\_\_\_\_

Average hours spent outside per weekday? \_\_\_\_\_

Type of discipline?

None Ever \_\_\_ Startling \_\_\_ Water \_\_\_ Responsive Substitution \_\_\_\_\_

Physical \_\_\_ Verbal Reprimand \_\_\_ Time Out \_\_\_ Other \_\_\_\_\_

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**Origin of Cat**

Own Breeding\_\_\_\_  
Breeding\_\_\_\_  
Private Home\_\_\_\_

Pet Shop\_\_\_\_  
Humane Society\_\_\_\_  
Stray\_\_\_\_

Other\_\_\_\_  
Don't Know\_\_\_\_

**Routine Veterinarian**

Dr. \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will you give permission to discuss this case with your current vet? Yes \_\_\_ No \_\_\_

**Cat's Medical History**

Are your cat's vaccinations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the date of your most current rabies vaccination? \_\_\_\_\_

Where was it administered? \_\_\_\_\_

Has a comprehensive blood chemistry panel been run? If so, when? \_\_\_\_\_

Does your cat have any medical conditions? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your cat currently on any medication? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cat's Background:**

Why did you acquire this cat?

For a child \_\_\_ As a companion \_\_\_ Farm/Outside Cat \_\_\_ Show \_\_\_ Breeding \_\_\_

How many previous owners has your cat had? \_\_\_\_\_

What was their explanation for returning this cat? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How old was your cat when you brought it home? \_\_\_\_\_

Describe your cat's behavior as a kitten? Was there anything unusual?

\_\_\_\_\_  
\_\_\_\_\_

What behavior issues are you experiencing with your cat? \_\_\_\_\_

At what age was your cat neutered or spayed? \_\_\_\_\_

Were there any behavior changes after the surgery? \_\_\_\_\_

If your cat is intact, has he/she ever been used for breeding purposes? Yes \_\_\_ No \_\_\_

Are you planning to breed? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

If your cat is an intact female, when was her last heat cycle? \_\_\_\_\_

Was it normal? \_\_\_\_\_

### Diet and Feeding Schedule

When is your cat fed? AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

What brand of food do you feed your cat? \_\_\_\_\_

Dry \_\_\_\_\_ Canned \_\_\_\_\_ Table Scraps? \_\_\_\_\_ How much food? \_\_\_\_\_

Has your cat's appetite changed recently? Increased \_\_\_\_\_ Decreased \_\_\_\_\_

Describe your cat's feeding habits? Good Appetite \_\_\_\_\_ Finicky \_\_\_\_\_ Voracious \_\_\_\_\_

Who feeds your cat? \_\_\_\_\_

Where do you feed your cat (location)? \_\_\_\_\_

What is your cat's favorite treat? \_\_\_\_\_

How often do you provide fresh water? \_\_\_\_\_

### Litter box

Number of litter boxes \_\_\_\_\_

Location of litter boxes:

Living Area \_\_\_\_\_ Spare Room \_\_\_\_\_ Basement \_\_\_\_\_ Bathroom \_\_\_\_\_

Kitchen \_\_\_\_\_ Laundry Room \_\_\_\_\_ Hallway \_\_\_\_\_ Closet \_\_\_\_\_

Other \_\_\_\_\_

Type of litter box:

Open \_\_\_\_\_ Covered \_\_\_\_\_ Varies \_\_\_\_\_

What type of litter do you provide for your cat? \_\_\_\_\_

Is the type of litter consistent? \_\_\_\_\_

Are liners used? \_\_\_\_\_

How often is the litter box scooped? \_\_\_\_\_

How often is the litter box washed? \_\_\_\_\_

What type of cleaner is used?

Strong Disinfectant \_\_\_\_\_ Bleach \_\_\_\_\_ Pine Cleaner \_\_\_\_\_ Mild Soap \_\_\_\_\_

Lemon Cleaner \_\_\_\_\_ Water Only \_\_\_\_\_ Other \_\_\_\_\_