

PURDUE
UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Purdue Animal Behavior Clinic
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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: _____

Purdue University is an equal access/equal opportunity/affirmative action university.

**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:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Own breeding | <input type="checkbox"/> Shelter/Rescue | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Breeder | <input type="checkbox"/> Other | |

If obtained as a kitten, how was the kitten raised:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> In house | <input type="checkbox"/> Other |
| <input type="checkbox"/> Loose outside | <input type="checkbox"/> 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:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Adult's pet | <input type="checkbox"/> Show cat | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Breeding | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Children's pet | <input type="checkbox"/> Research/teaching | <input type="checkbox"/> N/A |

How would you generally rate the cat's temperament:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Hyperexcitable | <input type="checkbox"/> Offensive aggressive |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy of people | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Inhibited | <input type="checkbox"/> Fearful (environment) | |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Fear aggressive | |

What was the temperament of the cat as a kitten:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Hyperexcitable | <input type="checkbox"/> Offensive aggressive |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy of people | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Inhibited | <input type="checkbox"/> Fearful (environment) | |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Fear aggressive | |

Is the cat declawed:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> no | <input type="checkbox"/> front only | <input type="checkbox"/> front and back |
| Age at declawing: _____ years _____ months | | <input type="checkbox"/> unknown |

Type of discipline:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> none ever | <input type="checkbox"/> Using training device | <input type="checkbox"/> time out |
| <input type="checkbox"/> verbal reprimand | <input type="checkbox"/> startling | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> physical | | |

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
- Kitchen
- Bathroom
- Spare room
- Laundry room
- Closet
- Basement
- Hallway
- Other

Type of litter box:

- Open
- Covered
- Varies

Type of litter:

- Clumping
- Clay
- Shavings
- Newspaper
- Sand
- Other

Is litter

- Deodorized/scented
- No odor control
- Don't know

Type of litter

- is consistent
- varies
- N/A



Behavior Complaint: Summarize the behavior problems you want to discuss from most concerning to least concerning.

Problem1:

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:

	1. No aggression	2. Escapes/Hides	3. Aggressive	4. Unknown/not applicable
Unfamiliar people in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar people approaching or petting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting cat up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraining cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting cat in carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughhousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbing sleeping cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepping over lying cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat same household approaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cat outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog same household approaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strange dog outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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