

**PURDUE**  
UNIVERSITY  
COLLEGE OF VETERINARY MEDICINE  
Purdue Animal Behavior Clinic  
Phone: 765-494-1107  
Fax: 765-496-1025  
Email: [purdueabc@purdue.edu](mailto:purdueabc@purdue.edu)



## FELINE BEHAVIOR HISTORY RECHECK FORM

Today's Date: (MM/DD/YYYY)    /    /

### Owner Information:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Number: (    )    -    E-mail: \_\_\_\_\_

**Household:** (Only if changed from the last visit)

#adults (>18 yrs): Female: \_\_\_\_ Male: \_\_\_\_

#children, Girls: \_\_\_\_\_ ages: \_\_\_\_\_ Boys: \_\_\_\_\_ ages: \_\_\_\_\_

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

**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](mailto:vetwebteam@purdue.edu).**

**Pet Information:**

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

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):

**Medical information:**

List existing medical conditions with of the cat:

List current medications and/or supplements with doses:

2

**Diet:** (Only if changed from the last visit)

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:** (Only if changed from the last visit)

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 the last visit?

If so, please write when and what kind of changes occurred and how you think they impacted your cat.

**Litter Box:** (Only if changed after the last visit)

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

Location of litter boxes (check all that apply):

- |                                      |                                       |                                   |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Living area | <input type="checkbox"/> Spare room   | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Laundry room | <input type="checkbox"/> Hallway  |
| <input type="checkbox"/> Bathroom    | <input type="checkbox"/> Closet       | <input type="checkbox"/> Other    |

Type of litter box:

- Open                                       Covered                                       Varies

Type of litter:

- |                                   |                                    |                                |
|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Clumping | <input type="checkbox"/> Shavings  | <input type="checkbox"/> Sand  |
| <input type="checkbox"/> Clay     | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |

Is litter

- Deodorized/scented       No odor control       Don't know

Type of litter

- is consistent       varies       N/A

Linens used:

- No       Always       Varies

Litter boxes scooped:

1. <1x/week      3. several x/wk      5. >1x/day  
2. weekly      4. daily       N/A

Litter boxes washed:

1. <1/month      3. weekly      5. daily  
2. monthly      4. several x/wk       N/A

Cleaner used:

- Strong disinfectant       Bleach       Other \_\_\_\_\_  
 Pine cleaner       Mild soap       N/A  
 Lemon cleaner       Water only

**If your cat is eliminating outside of the litter box and if a floor plan changed after the last visit, 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](mailto:purdueabc@purdue.edu), fax: 765-496-1025)**



**Behavior Update:** Please summarize the behavior problem(s) after the last consultation

**Original Problem 1:**

Current frequency of the problem: \_\_\_\_\_ /day \_\_\_\_\_ /week \_\_\_\_\_ /month

Current severity of the problem:  Very serious  Serious  Not serious

Improvement after the last visit:  got worse  no change  got better

**Original Problem 2: \_**

Current frequency of the problem: \_\_\_\_\_ /day \_\_\_\_\_ /week \_\_\_\_\_ /month

Current severity of the problem:  Very serious  Serious  Not serious

Improvement after the last visit:  got worse  no change  got better

**Original Problem 3:**

Current frequency of the problem: \_\_\_\_\_ /day \_\_\_\_\_ /week \_\_\_\_\_ /month

Current severity of the problem:  Very serious  Serious  Not serious

Improvement after the last visit:  got worse  no change  got better

**New Behavior Complaint:** If your cat had developed new behavior problems after the last visit, please summarize the 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 new 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.)



Thank you for taking time to fill out this form