



KLONDIKE CANINE ACADEMY

BLAIR ANIMAL CLINIC/KLONDIKE KENNELS

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FELINE BEHAVIOR HISTORY FORM

Date _____

Name _____ **Patient (Pet's) Name:** _____

Email _____

Address _____ **Zip** _____

Phone _____ **Alt. #** _____

Household Information

List all other family members (names):

Adults:

Children:

_____ age _____ age

_____ age _____ age

Who is the primary caretaker of this pet? _____

Pet Info

Name	Breed	Sex	Neutered	Age (yrs)	Order Adopted:
Patient _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Pet 2 _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Pet 3 _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Pet 4 _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Pet 5 _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Are any other pets currently ill? Y N Explain: _____

Have there been any changes to the household since acquiring this pet?

New pet added Baby born Divorce Marriage
 New roommate family member moved out death of family pet
 move schedule change with job death of family member
 other _____

Vet's Name _____ Phone _____

How did you hear about us? _____

Does this pet have any medical problems? Y N

Describe: _____

Medications: _____

Patient Information

Weight _____ lbs BC score Thin 1 2 3 4 5 Obese

Are the front feet declawed? Y N All 4 paws declawed?

Age declawed: _____ Was a laser used for the surgery? Y N

How long have you had this pet? ___ yrs mo Age of pet when acquired: ___ yrs mo

Pet was acquired from:

___ Pet Store ___ Breeder ___ Rescue (specify): _____
___ Shelter ___ Stray ___ Other (specify): _____

Age when this pet was spayed/ neutered: _____ mths _____ yrs _____ unknown

Reason for selecting this pet:

___ Family pet ___ Adult pet ___ Childs pet ___ Breeding ___ Hunting
___ Outdoors only ___ Service ___ Showing ___ Other

Have you had a cat before? Y N

Have you had this particular breed before? Y N

Answer the following if this cat was obtained as a kitten < 1 year:

How was this cat raised in the previous home?

___ Litter box trained ___ Outdoor Kennel/Garage ___ Pet Store
___ Barn/Farm ___ Loose Outdoors ___ Unknown

How did you select this kitten?

___ Breeder selected ___ Most timid ___ Biggest ___ Smallest
___ Most outgoing ___ Looks/Color ___ N/A ___ other

Daily Routine

Average number of hours this pet is left alone on a daily basis: _____ hours

Where is this pet kept when alone?

___ Crated ___ Confined to a room ___ Garage ___ Basement
___ Fenced yard ___ Tethered outdoors ___ Loose in house ___ Outdoors loose
___ Outdoor enclosure

Where does this pet sleep at night?

___ Crated ___ Confined to a room ___ Garage ___ Outdoor enclosure
___ Basement ___ Fenced yard ___ Tethered outdoors
___ Bedroom floor ___ On person's bed ___ Outdoors loose

Living Situation

___ House ___ Apartment ___ Other ___ Owned ___ Rental

Litter Box Information

Is this cat (patient listed) urinating in the litterbox? Y N

If no, is this cat: ___ spraying (urine found running down vertical surface) OR
___ squatting? (urine found on horizontal surface)

Have you noticed this cat straining to urinate? Y N

Have you noticed any blood in the urine? Y N

Is this cat drinking more water than usual? Y N

Has this cat been treated for a Urinary Tract problem before? Y N When: _____

Is this cat (patient listed) defecating in the litterbox? Y N

Have you noticed this cat straining to defecate? Y N

Is any other cat in the household not using the litterbox? Y N Name: _____

****If another cat in the household is not using the litterbox please fill out a behavior history form for this cat also.

How many litter boxes do you have? 0 1 2 3 4 5 6 +

How often do you scoop the litterbox? ___ Daily ___ 2x daily
___ once/weekly ___ twice/week ___ 3x/weekly ___ other: _____

Type of litter box (check all that apply):

Indicate number of boxes for which description is true in (parentheses)

___ Open (___) ___ Large (___) ___ Liner (___)
___ Covered (___) ___ Small (___) ___ No Liner (___)
___ Square (___) ___ Deep (___) ___ Other (specify) _____
___ Rectangular (___) ___ Shallow (___) ___ Self-cleaning

Measurements of boxes in Inches: length x width x depth _____

What kind of litter material do you put in the boxe(s)? (Check all that apply)

___ Clumping / Scoopable ___ Gravel/rock
___ Clay (non-clumping) ___ None (empty box)
___ Scented ___ Sawdust/wood chips
___ Non-scented ___ Wheat husks
___ Playground sand ___ Corn based product
___ Recycled, pelleted newspaper ___ Shredded paper/paper toweling
___ Pine based product ___ No box- cat eliminated outdoors
___ Other (specify) _____ ___ Anything you can get with a coupon

What brand of cat litter is used (list name): _____

Type of litter used is: ___ consistent ___ varies

How often do you dump and clean the litterbox? ___ Daily ___ 2x daily
___ once/weekly ___ twice/week ___ 3x/weekly ___ other: _____
___ monthly ___ never

Cleaners used:

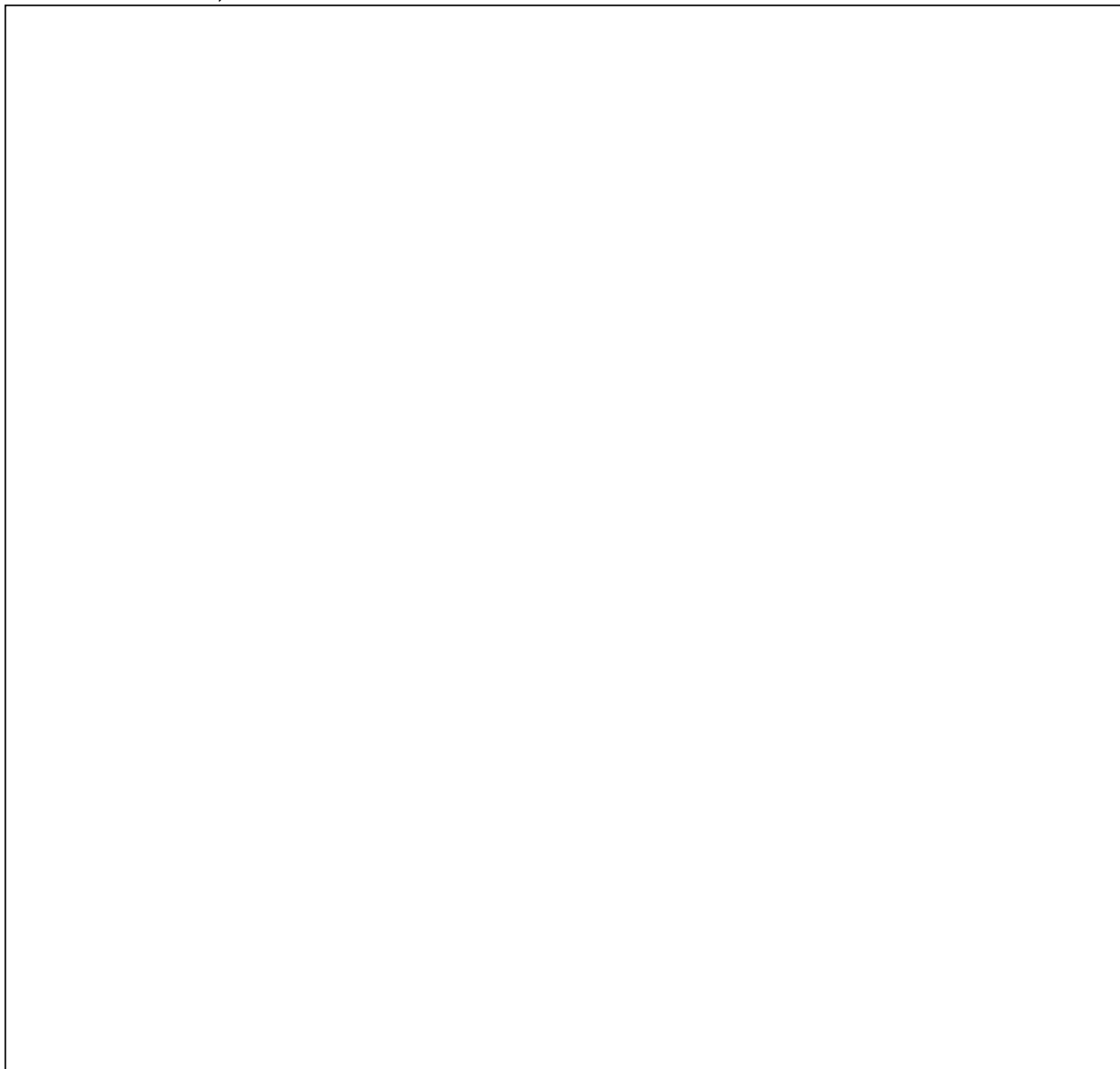
Bleach Pine cleaner Lemon cleaner mild soap only water only

Describe in detail how your cat uses the litter box. For example, does it scratch in the litter box before eliminating? Cover up feces? Scratch outside box?

Where are the litter boxes located? (Check all that apply)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Closet | <input type="checkbox"/> Entryway |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Stairwell |
| <input type="checkbox"/> Attic | <input type="checkbox"/> Other (specify) _____ |

Please draw a floor plan of your house labeling where each litterbox, favorite resting places, and food and water bowls are located. Also label any areas of inappropriate elimination (if this is also a concern.)



Training & Behavior History

Diet

Brand: _____

Dry ___% Canned ___% Treats ___% Other ___%

Feeding Schedule: once/daily 2x/day 3x/day ad lib

Treats (brand) _____

Table food _____

Please check any of the following behaviors that you are concerned about with this pet:

- | | |
|--|--|
| <input type="checkbox"/> jumps up on people | <input type="checkbox"/> plays too rough with me |
| <input type="checkbox"/> jumps up on furniture | <input type="checkbox"/> fearful |
| <input type="checkbox"/> destructive scratching | <input type="checkbox"/> excessive energy/keeps me up at night |
| <input type="checkbox"/> inappropriate elimination | <input type="checkbox"/> does not listen |
| <input type="checkbox"/> hisses at people | <input type="checkbox"/> protects food or toys from me |
| <input type="checkbox"/> bites | <input type="checkbox"/> chases : _____ |
| <input type="checkbox"/> Aggressive to Humans | <input type="checkbox"/> other : _____ |
| <input type="checkbox"/> Aggressive to Dog | <input type="checkbox"/> too attached to me |
| <input type="checkbox"/> Aggressive to Cat | <input type="checkbox"/> hides/nervous all the time |

Discipline Techniques:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> none ever | <input type="checkbox"/> startling | <input type="checkbox"/> scruff shake | <input type="checkbox"/> verbal reprimand |
| <input type="checkbox"/> time out | <input type="checkbox"/> physical reprimand | <input type="checkbox"/> ignore | <input type="checkbox"/> re-direct |
| <input type="checkbox"/> alpha roll over | <input type="checkbox"/> water pistol | <input type="checkbox"/> grab collar | |
| <input type="checkbox"/> distraction | <input type="checkbox"/> shock collar | <input type="checkbox"/> citronella collar | |

General Behavioral Profile **Key:**

Happy = experience is enjoyable, fully tolerates, asks for more

Anxious = tolerates, but would prefer to avoid if possible, may shake, nervous, but does not attempt to hiss, snap, or bite or run away.

Aggressive = persistent growling/hissing, may lunge forward, intense focus on object: owner unable to distract, may need to be muzzled for procedure, attempts to hiss/swat, snap, or bite.

Hyper = more than merely excited, may be combined with anxiety, persistent or repeats behaviors, difficult to distract.

Fearful = nervous, anxious, attempts to escape, body posture reflects cat is prepared to run away or may attempt to growl, snap, or bite, (Fight or Flight)

Neutral = no response, cat does not care

Unknown = unknown, have never attempted or exposed to this

Problem History

Do you have access to a digital camera or cell phone to take pictures and videos? Y N
You may be asked to submit pictures and video, as this can be a vital source of information also.

Please be as specific and as detailed as possible in your answers, using another sheet of paper or typing answers as needed.

For each incident answer the following questions:

- What happens?
- Where does it occur?
- Who is present?
- What triggers the event?
- What does the dog look like (body language) just before the event and afterwards?
- How do you react to the event? What do you do specifically?

Problem: _____

Most recent incident:

2nd most recent incident:

3rd most recent incident:
