

**Aggieland Animal Health Center & Pet Resort**  
**13223 FM 2154 Road**  
**College Station, TX 77845**

**Feline Behavior History Form**

First Name		Last Name	
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email:			
Best method to contact:	<input type="checkbox"/> Text	<input type="checkbox"/> Email	<input type="checkbox"/> Phone

Pet's Name:	D.O.B.:
Breed:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>When was the last physical examination performed on your cat?</b>	
<b>Have there been any medical tests performed associated with the behavioral concern?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, please obtain a copy of all medical records performed and return them with this form.	
<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<b>If yes, at what age?</b>
<b>If yes, reason for procedure?</b> <input type="checkbox"/> Routine <input type="checkbox"/> Attempt to modify behavior <input type="checkbox"/> Health Concern	
<input type="checkbox"/> Other, please describe:	
<b>If no, are you planning on breeding your pet?</b>	<b>Are vaccinations, including rabies current?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Please include a copy of your pets' vaccine records.	

**List any medications that your cat has received in the past month or is currently taking:**

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List any medications, including homeopathic remedies, which your cat has ever received for the treatment of a behavioral concern:

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Does your cat have any preexisting or current medical problems?

Yes       No      If yes, please list: \_\_\_\_\_

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Has your cat ever experienced a seizure?

Yes       No      If yes, when was your pet's last seizure? \_\_\_\_\_

Please list all members of your household, include ages of children and hours away from home.

Name	Gender	Age	Relationship (self, husband, wife, etc.)	Hours away per day

Please list all household pets, including the pet we are visiting with, in the order that they joined your household.

Name	Species	Breed	Gender	Age	Age when acquired

**Where did you acquire this cat from?** (Please explain if checking other.)

- |   |   |  |  |                                       |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Stray/found                        | <input type="checkbox"/> Professional Breeder | <input type="checkbox"/> Hobby Breeder | <input type="checkbox"/> Humane Shelter/SPCA | <input type="checkbox"/> Rescue Group |
| <input type="checkbox"/> Newspaper, Craigslist, or Facebook | <input type="checkbox"/> Pet Store            | <input type="checkbox"/> Friend        | <input type="checkbox"/> Friend              | <input type="checkbox"/> Other: _____ |

**Why did you get this cat?**

- |                                     |                                   |  |                                       |
|-------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Family Pet | <input type="checkbox"/> Show Cat | <input type="checkbox"/> Barn Cat/Mouser | <input type="checkbox"/> For Breeding |
|-------------------------------------|-----------------------------------|--|---------------------------------------|

**Have you had pets before?**

- |                               |                               |                                       |                               |
|-------------------------------|-------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Other/Exotic | <input type="checkbox"/> None |
|-------------------------------|-------------------------------|---------------------------------------|-------------------------------|

**Describe your cat as a kitten:**

- |                                     |                                  |                                       |                                  |
|-------------------------------------|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Friendly   | <input type="checkbox"/> Shy     | <input type="checkbox"/> Outgoing     | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Playful | <input type="checkbox"/> Other: _____ |                                  |

**What kind living situation do you have?**

- |                                    |   |  |  |   |
|------------------------------------|---|--|--|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Townhouse or Condominium | <input type="checkbox"/> House with small yard | <input type="checkbox"/> House with a large yard | <input type="checkbox"/> Farm or rural property |
|------------------------------------|---|--|--|---|

**Is your cat allowed on furniture?**

- |   |  |   |   |   |  |
|---|--|---|---|---|--|
| <input type="checkbox"/> Yes, all furniture | <input type="checkbox"/> Yes, only specific pieces | <input type="checkbox"/> Yes, only if invited | <input type="checkbox"/> No, but gets on anyway in presence and absence of people | <input type="checkbox"/> No, but gets on furniture in absence of people | <input type="checkbox"/> No, to my knowledge never gets on furniture |
|---|--|---|---|---|--|

**Do you allow your cat outside?**

Yes

No

**If yes, please check all that apply:**

<input type="checkbox"/> Supervised with harness and lead	<input type="checkbox"/> Supervised with no harness or lead	<input type="checkbox"/> Unsupervised, free roam, no access back inside without help	<input type="checkbox"/> Unsupervised, free roam, has access to pet door	<input type="checkbox"/> Has access to an enclosure at all times	<input type="checkbox"/> Has access to enclosure sometimes
<input type="checkbox"/> Allowed outside during the day	<input type="checkbox"/> Allowed outside during the night	<input type="checkbox"/> Allowed outside during day and night	<input type="checkbox"/> Brought in during the day	<input type="checkbox"/> Brought in during the night	
<input type="checkbox"/> Outdoor only/Barn Cat		<input type="checkbox"/> Other, please describe:			

**Where is your cat when left home alone?**

- Free in house     Put in a room or bathroom     Inside & Outside at will (no enclosure)     Inside & Outside at will to enclosure     Let Outside with no access back in w/out human help     Outside in an enclosure

**Is your cat fed:**

- Free Choice (bowl is kept full of food at all times)     Free Choice; Portioned Meal (has access to a pre portioned meal at all times)     One meal per day     Two meals per day     More than two meals per day. Please list how many meals: \_\_\_\_\_

**What kind of food do you feed your cat?**

- Canned food     Dry kibble     Raw food     Mix of canned & dry  
 Mix of raw & canned     Mix of raw & dry

**What brand of food do you offer?** \_\_\_\_\_

**How far away is your cat's food and water bowl from their litterbox?** \_\_\_\_\_

**How many food bowls are available to your cat?** \_\_\_\_\_

**How many water stations are available to your cat?** \_\_\_\_\_

**What kind of food bowl(s) do you use? (Check all that apply)**

- Plastic
- Ceramic
- Stainless Steel
- Plate
- Slow Feeder/Puzzle Bowl
- Whisker Friendly
- Low Sides
- High Sides

**What kind of water bowl(s) do you use? (Check all that apply)**

- Plastic
- Ceramic
- Stainless Steel
- Water Fountain
- High Sides
- Low Sides

**For Multi-cat households, check all that apply to feeding time:**

- Everyone eats out of the same bowl
- Everyone eats from bowls right next to each other
- Everyone eats in the same room, but their bowls are across the room from each other
- Everyone eats in separate rooms with the door open
- Everyone eats in separate rooms with the door closed
- Other, please describe: \_\_\_\_\_

<b>Is your pet fed treats on a daily basis?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>If yes, about how many times per day?</b>	<input type="checkbox"/> 1-2x per day	<input type="checkbox"/> 3-4x per day	<input type="checkbox"/> 5-6x per day	<input type="checkbox"/> 7x+ per day

**If yes, what kind of treats do you offer?** \_\_\_\_\_

**If yes, do you use any treat toys? Describe:** \_\_\_\_\_

**Do you play with your pet routinely?**

Yes

No

**If yes, please describe a typical play episode:**

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**Describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, put it in a room, say goodbye, put a program on the tv, etc.?**

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**How many litter boxes do you have?**

0

1

2

3

4

>4?

List # \_\_\_\_\_

**Describe the litter boxes (check all that apply and put in the number of boxes for which the description is true):**

Description of litter box	# of litter boxes
<input type="checkbox"/> Open	
<input type="checkbox"/> Closed	
<input type="checkbox"/> Cat can enter through top	
<input type="checkbox"/> Cat can enter through side	
<input type="checkbox"/> Cat can enter through front	
<input type="checkbox"/> Small	
<input type="checkbox"/> Large	
<input type="checkbox"/> Extra Large	
<input type="checkbox"/> Liner	
<input type="checkbox"/> No liner	
<input type="checkbox"/> Has short sides (urine stream can go outside box)	
<input type="checkbox"/> Has medium sides (urine stream can hit edge of box)	
<input type="checkbox"/> Has tall sides (urine stream can't go outside of box).	

Style of litter box	# of litter boxes
<input type="checkbox"/> Commercial	
<input type="checkbox"/> Litter Robot or self-cleaning	
<input type="checkbox"/> Custom made (cut out storage bin, etc)	
<input type="checkbox"/> Sand box or kiddie pool	
<input type="checkbox"/> Other, please describe:	

**Do you use a litter mat(s)?**  Yes  No

**If so, what kind?** (please describe)

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**What type of litter do you use** (check all that apply)?

- Clumping litter    
  Plain Clay    
  Crystal (fine sand)    
  Crystal (rock like)    
  Playground sand    
  Large Pellets  
 Wheat litter    
  Cedar Chips    
  Scented    
  Unscented    
  Varies with each purchase    
  Other, please specify: \_\_\_\_\_

**Where are the litter box(es) located** (check all that apply)?

- Closet    
  Kitchen    
  Bathroom    
  Bedroom    
  Attic    
  Laundry room  
 Living room    
  Basement    
  Stairwell    
  Upstairs    
  Porch    
  Other: \_\_\_\_\_

**Are there any obstacles your cat must cross before being able to access the litterbox?**

- Yes    
  No, the way is completely clear to the litterbox

If yes, please describe: \_\_\_\_\_

**Please check the following litter box habits that apply to your cat:**

<input type="checkbox"/> Digs a spot in litter to go	<input type="checkbox"/> Does not dig a spot to go (goes right on top of litter)	<input type="checkbox"/> Wipes side of box instead of digging a spot to go	<input type="checkbox"/> Covers urine or feces after without wiping sides of box	<input type="checkbox"/> Covers urine or feces after but also wipes side of box
<input type="checkbox"/> Does not cover urine or feces after and does not wipe sides of box	<input type="checkbox"/> Does not cover urine or feces but wipes side of box	<input type="checkbox"/> Postures normally to go (back end down), urine stream hits litter	<input type="checkbox"/> Stands straight up, urine hits side of box	<input type="checkbox"/> Stands with front or back feet on box's edge (avoids touching litter)
<b>Does your cat do something special that is not listed above? Please describe:</b>				

\_\_\_\_\_

\_\_\_\_\_

**Does your cat urinate or defecate outside of the litterbox?**

Yes

No

**If yes, please use the chart below:**

Urinate outside of box...	<input type="checkbox"/> Exclusively	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely
Defecates outside of box...	<input type="checkbox"/> Exclusively	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely
Does your cat urinate or defecate in a certain spot in the house?	<input type="checkbox"/> Yes, same spot(s) exclusively	<input type="checkbox"/> Yes, tends to go in the same spot(s), but will go in new spot(s)	<input type="checkbox"/> No, will go anywhere. Does not seem to favor any particular spot(s).	

Please describe your cat's posture while they are urinating or defecating outside of litterbox:

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Please feel free to add any additional information regarding these questions here:

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**If your cat has any housemates, have you noticed any interactions with them while this cat has been using the litterbox?**

Yes

No

N/A

**If yes, please describe what you have observed, and note the housemate(s) involved:**

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**Is your cat declawed?**

Yes

No

**If so, when?**

As a kitten

As a young adult

As an adult

As an elder

Recently,  
Date: \_\_\_\_\_

Unsure, but recently

Unsure, but was long time ago



**Do you have any scratching options available for your cat?**       Yes       No

**If yes, describe the scratchers and their locations** (check all that apply and put in the number of boxes for which the description is true):

Type of scratcher	Location of scratcher(s)	Number of scratchers
<input type="checkbox"/> Cardboard scratcher		
<input type="checkbox"/> Scratching post with twine		
<input type="checkbox"/> Scratching post with fabric or carpet		
<input type="checkbox"/> Wooden scratching post		
<input type="checkbox"/> Commercial cat tower or cat tree		
<input type="checkbox"/> Custom made cat tower or cat tree		

**Does your cat have access to any vertical space or high places in your house?**       Yes       No

**If yes, please check all that apply:**

<input type="checkbox"/> Utilizes existing vertical space (top of cupboards/top of bookshelves) in house with no help or using additions like shelves	<input type="checkbox"/> Utilizes existing vertical space (top of cupboards/top of bookshelves) with the help of a shelf or shelves	<input type="checkbox"/> Utilizes existing vertical space (top of cupboards/top of bookshelves) with human help (picking them up and placing them there)
<input type="checkbox"/> Has access to a few shelves that have been placed on the wall for them to use	<input type="checkbox"/> Has access to plenty of shelves that have been placed on the wall for them to use	<input type="checkbox"/> Has access to a vertical space obstacle course like those found on Etsy, Catastrophic Creations, etc.
<input type="checkbox"/> Vertical space is widely available across the house	<input type="checkbox"/> Vertical space is in several spots in the house	<input type="checkbox"/> Vertical space is limited in house

Please feel free to add any details regarding vertical space in your house: \_\_\_\_\_

\_\_\_\_\_

**Does your pet show aggression in the following circumstances?** This can include growling, snarling (showing teeth), lunging, nipping, snapping, or biting. Please fill in the chart: (Y = Yes, N = No, N/A = doesn't apply).

	Adult owner (Female)	Adult owner (Male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Taking food away				
Taking other objects				

**If biting has occurred in any of the above circumstances, please describe the wound (tear, puncture, bruising):** \_\_\_\_\_

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**If discipline was used in any of the above circumstances, please describe what kind of discipline was used:** \_\_\_\_\_

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**Please use the chart below to list the behavioral concerns that you wish to address, and how much of a problem do you consider the behavior to be?**

Behavior Concern	Very Serious	Serious	No Serious
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Describe a typical episode of the behavioral concern(s):**

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The behavior occurs \_\_\_\_\_ per day / week / month. Please describe the first occurrence (including date):

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Describe the most recent episode (including date):

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Has the frequency of the behavior...?  Increased  Decreased  Remained unchanged  
Has the intensity of the concern...?  Increased  Decreased  Remained unchanged

Have there been any changes in the household (new pet, new family member, schedule change, etc.)? If so, please describe:

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What have you tried to do to change the behavior? Please list all things you have tried whether they have been useful or not.

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Have you considered finding another home for your pet?  Yes  No  
Have you considered euthanasia (putting your pet to sleep)?  Yes  No

Is there anything else you would like to add? \_\_\_\_\_

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Pictures and videos are always helpful! Please feel free to email any to [aahc@aggielandanimalhealthcenter.com](mailto:aahc@aggielandanimalhealthcenter.com) or bring them to your appointment.