

Please print this form, fill it out, and bring it with you for your appointment



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Behavior History-Feline

Cancellation Policy: Due to the length of time each appointment entails, I ask that you kindly give 24 hours notice if canceling or rescheduling. Otherwise, you will be billed \$50 for the time. (\$30 non - refundable, \$20 of which can then be applied to a rescheduled appointment)

Owner							
Last Name:		First Name:			MI:		
Address:			City:		State:	Zip:	
Home Phone:		Work Phone:		E-Mail:			
Pet Information							
Pet Name	Breed	Color	Age	Sex (Please "X")			
				Male Intact	Male Neutered	Female Intact	Female Neutered
Regular Veterinarian/Clinic							
Regular Veterinarian:				Clinic:			
Address:			City:		State:	Zip:	
Home Phone:		Fax:		E-Mail:			

Main behavior problem or complaint: _____

Additional problems (in order of importance to you): _____

Age of onset: _____

Has the problem changed since onset? _____

Frequency of each problem: _____

Please describe example of most recent incident or typical incident:

Have you sought previous help for this problem? If so, where and what was suggested?

How do you discipline your cat for this problem? Other behaviors? Does your cat use a litter box?

How did you litter train your cat? _____

How many litter boxes do you have in your house? _____

How old is each box? _____

Size of each box? _____

Where are they located (be specific)? _____

What type of pans are they (check all that apply)?

- Commercial litter pan without lip
- Commercial litterpan with removable lip
- Covered box "cave type" opening
- Covered box "booda style" - cat crawls up into opening
- Dishpan
- Cardboard box
- Electric self-cleaning box
- Other _____

Do you use a liner (plastic or paper)? _____

What kind of litter is used (be specific as to brand name, type of granule)? _____

Have you recently switched brands? _____

How often is litter scooped/cleaned? _____

How often is litter completely replaced? _____

How often is box itself cleaned? What detergents are used, if any? _____

Does the cat cover urine and feces in the box? _____

Does your cat ever eliminate inside the house, but outside of the litter box? If yes, where?

Is it urination, defecation, or both? _____

Why did you decide to get a cat? Why this particular breed, sex, color?

Where did you get this cat (check one)?

- Breeder - referral
- Breeder - newspaper ad
- Breeder - cat show
- SPCA
- Pet store
- Friend
- Stray
- Other: _____

If known: how many littermates? Males _____ Females _____

Have you owned cats before? _____

How old was the cat when he/she was added to your household? _____

How long have you had this cat? _____

How did you introduce this cat into your household? _____

Describe your cats behavior as a kitten or when first obtained:

Has this cat had other owners? _____

If yes, how many (if known)? _____

If yes, why was the cat given up?

What do you feed your cat? (please be specific as to brand name, dry versus wet)

How much do you feed? _____

How often and when is the cat fed? _____

Where is he/she fed? _____

Who feeds the cat? _____

Where does he/she drink? _____

What is your cat's favorite treat? _____

Please list all people, including yourself in the home. Include ages, gender, and how long you are away from home on weekdays:

Please list all animals in the home including patient. Please indicate the order in which they came into the home, ages, breed, and sexual status:

What is cat's relationship to others in the home (friendly, aggressive, hostile, fearful, etc.)

Home environment (circle all that apply):

City/Town Suburbs Rural Single family home apartment duplex townhouse/condo

Have you moved since acquiring your cat? _____

If yes, how many times? _____

How do you play with your cat? _____

What toys does your cat have? _____

Does your cat go outside? _____

If yes, is it supervised or unsupervised? _____

Does your cat have a pet door, or is he/she let out? _____

Is your cat harness/leash trained? _____

What percentage of time does your cat spend indoors? _____% outdoors? _____%

Where does your cat sleep at night? _____

Where is your cat when you have guests? _____

How does your cat behave with adult visitors? _____

How does your cat behave with visiting children? _____

How does your cat behave with the veterinarian? _____

How does your cat stay when alone in the house? _____

How does your cat behave when you return? _____

How does your cat respond to cats seen out of the window or in the yard? _____

Under what circumstances does your cat meow? _____

Under what circumstances does your cat purr? _____

Under what circumstances does your cat hiss or growl? _____

Does your cat carry toys/objects or "mother" other animals? _____

What is your cat's activity level (circle one)? Low Average High Excessive

How would you describe your cat's personality? _____

At what age was your cat spayed/neutered? _____

Reasons for spay/neuter? _____

Were there any changes after spay/neuter? _____

Does your cat mount other cats or animals? _____

Does your cat mount people? _____

If yes, who is target of mounting?

If your cat is intact, has she/he ever been bred?

If you have an intact female who has been bred, was she a good mother? _____

Are you planning to breed your cat in the future? _____

Does your cat groom, bite, or lick excessively? _____

Does your cat's skin ripple (appear to have the "heebie jeebies", especially on the back)?

Is your cat declawed? _____

If yes, declawed in the front only or all four paws? _____

What was the immediate aftercare your veterinarian recommended (special litter as an example)?

If litter different than the cats normal was recommended, did the cat use this litter?

Were there any complications?

Does your cat use a scratching post or have a favorite scratching area? (please describe)

Is you cat on any medication currently for this or any other reason?

Past medical problems: (if there are any problems, current or past that required medical attention, please have your vet send or fax me a copy of the treatment history)

Date of last rabies vaccination: _____
Was this a one year or three year vaccine? _____
Has your cat ever been tested for FeLV/FIV? _____

Which of the following statements best describes your current situation:

1. I am here out of curiosity, but the problem is not serious.
2. I would like to help the problem, but it is not serious.
3. The problem is serious, but if it remains unchanged, that is okay.
4. The problem is very serious, and I want to change it, but I will keep my cat regardless of the outcome.
5. The problem is very serious, and if I can not improve the situation, I will have to have my cat euthanized or give him/her up.

What do you hope to get from this consultation? (Please list 2 or 3 goals that are most important to you)

Thank you for putting the time into this history form. A complete history helps me to get to know your cat and case prior to consultation, so we can focus on your goals and treatment during our time together.

The last task on this history form is to draw a diagram of your house floor plan. Please note food/water bowls, litter boxes, and favorite resting places of your cat. If house soiling is the problem we are going to be dealing with, please mark all sites where your cat has soiled - an X for urination and an O for defecation.