



Preparing for your Cat's Consultation

Hello!

Thank you for contacting us to help you and your cat! By filling out the following Veterinary Behavior Form, you are taking the first step in addressing your concerns about your cat's behavior. We will contact you to schedule an appointment when we receive your form.

Here are some tips on things you can do to make your initial appointment with us as useful, informative, and productive as possible.

1. This version of the Veterinary Behavior Form is meant to be printed out and filled out by hand, or on a pdf-editor. You can scan the form and email it to us, fax it, or mail it back to us when it's completed.
2. Please fill out the Veterinary Behavior Form as completely as you can. The more you can fill out prior to the appointment, the more we can focus on assessing your cat's behavior and what therapy is available to treat it. The form is the most useful when the adult(s) taking direct care of the cat is/are filling out the form. If this is not the owner, please let us know. I recommend allowing about an hour to fill it out.
3. I strongly recommend submitting short videos of less than a minute showing normal interactions between you and your pet. If possible (without putting anyone in danger of injury) sending a clip of some of the problem behaviors would also be helpful. Videos can also be uploaded to YouTube and then send us the unlisted link to the video in an email. Please send these videos prior to your appointment so that we can review them before we meet with you.
4. If you have specific questions about your cat's behavior, write them down and bring them with you. Better yet, send them before your appointment so that we can be ready with answers.

We look forward to meeting you and your cat! Please don't hesitate to contact us if you have any questions about filling out this form, or the appointment.

Regards,

A handwritten signature in black ink, appearing to read "Valli Parthasarathy".

Valli Parthasarathy, PhD, DVM

Behavior Resident in Private Practice Training



FELINE Behavior History Form

Client Information		
Last Name:	First Name:	Email:
Primary Phone:	Secondary Phone:	Preferred Contact Method:
Spouse/Partner Name:	Address:	

Pet Information		
Name:	Breed:	Age:
Gender:	Color:	Weight:
Age when spayed/neutered:	If intact, please give reason	Age when obtained:
Where did you obtain your cat?	<input type="checkbox"/> Breeder <input type="checkbox"/> Rescue organization <input type="checkbox"/> Animal shelter <input type="checkbox"/> Stray <input type="checkbox"/> Private individual <input type="checkbox"/> Other	
Why did you obtain your cat (check all that apply):	<input type="checkbox"/> Companion (Indoor only) <input type="checkbox"/> Companion (Outdoor only) <input type="checkbox"/> Show/Conformation <input type="checkbox"/> Companion (Indoor/Outdoor) <input type="checkbox"/> Farm Cat/Mouser <input type="checkbox"/> Other → Please describe:	
*Date next Rabies Vaccine is due:		

Veterinarian Information	
Name of Primary Veterinarian:	
Clinic/Hospital Name	Clinic/Hospital Phone Number:
Any other doctors you want your pet's report sent to?	
Is your primary veterinarian aware that you have contacted Synergy Behavior Solutions in regard to your pet's behavior or training problem? Y N	

Referral Information
How did you find out about our services: If it was a client of ours, please tell us whom so we can thank them

Insurance Information
Is your cat on pet insurance: Y N ; if so, please check to see whether it helps cover veterinary behavior treatment, and bring the necessary paperwork to your consultation.



Household Members

Household Members - People

Name	Sex	Age	Hrs away Per day	Is schedule consistent?	Profession (optional)	Describe relationship with patient
1						
2						
3						
4						
5						
6						

Do children other than those listed above interact with your cat? Y N If yes, please describe:

Who is the primary caretaker of the cat in the home?

Does your cat have a regular petsitter? Y N If yes, has this person observed the complaint(s):

Household Members - Pets

Name	Species	Breed	Sex	Age	Color	Weight (lbs)	Describe relationship with patient
1							
2							
3							
4							
5							
6							

Total number of cats living in the home with the patient? _____

Do you feed feral or stray cats outside your home? Y N How many? _____

Do all the cats in the home interact freely with each other and get along with the patient? Y N

If no, which cats do not get along or fight?

Are any of the cats kept apart or managed in separate living quarters due to inter-cat aggression?

For how long? Describe:

Home and Lifestyle

Home Information

What type of home does your cat live in?

House Apartment/condo High rise

Is your cat allowed outside?

Do you have yard with cat fencing? Y N

Do you have a catio (outdoor enclosed area for your cat)? Y N

Where do you leave your cat when you are gone from the home (check all that apply)? Cage/Crate

Confined to a Room Loose in the Home

Basement Garage Indoor/Outdoor

Outside Other → Please describe:

Is your cat allowed on sofas/chairs? Y N

Is your cat allowed on tables / counters? Y N

Is your cat allowed on the bed? Y N

Is your cat declawed? Y N What age (if known) _____

If yes, which paws? Front Back Both

Where is your cat at night? Cage/Crate

Confined to a Room Loose in the Home

Basement Garage Indoor/Outdoor

Outside Other → Please describe:

Does your cat sleep in a bedroom? Y N If so, whose?



Diet and Exercise	
<p>What do you feed your cat? Give the approximate percentage of your cat's daily intake: %Dry; %Semi-Moist; %Canned; %Other How often is your cat fed? <input type="checkbox"/> 1x/day <input type="checkbox"/> 2x/day <input type="checkbox"/> 3x/day <input type="checkbox"/> Food left out at all times <input type="checkbox"/> Other: When do you feed? Who feeds your cat? How much is your cat fed per day?</p>	<p>How would you describe your cat's appetite? <input type="checkbox"/> Picky <input type="checkbox"/> Average <input type="checkbox"/> Voracious What snacks or treats do you give your cat? What is your cat's favorite treat? Do you ever restrict your cat's water? Y N How many dishes of water are in the house? _____ How many dishes of feed are in the house? _____</p>
<p>Is your cat regularly exercised? If so, how often? <input type="checkbox"/> 2x/day <input type="checkbox"/> 1/day day <input type="checkbox"/> 1-6x/week <input type="checkbox"/> Other (please describe): How many minutes (approximately) is your cat exercised per session? Do you walk your cat in a harness? Y N</p>	<p>How is your cat exercised (check all that apply)? <input type="checkbox"/> Play – by self <input type="checkbox"/> Play – other cat(s) <input type="checkbox"/> Play – with person <input type="checkbox"/> Goes outside (unsupervised) <input type="checkbox"/> Goes outside (supervised) <input type="checkbox"/> Walks <input type="checkbox"/> Other:</p>
<p>Please indicate any environmental enrichment you currently have: <input type="checkbox"/> Cat Tree/Kitty Condo <input type="checkbox"/> Scratching post(s) <input type="checkbox"/> Horizontal scratchers <input type="checkbox"/> Elevated walkways <input type="checkbox"/> Cat running wheel <input type="checkbox"/> Furniture/shelves for climbing <input type="checkbox"/> Other:</p>	

Training and Discipline	
<p>Do you currently train your cat? Y N How often? Daily Several times a week Weekly Rarely What commands or cues does your cat respond to? (check all that apply): <input type="checkbox"/> Doesn't Know Any Cues <input type="checkbox"/> Come <input type="checkbox"/> Fetch <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Other → Please list: How do you reinforce (reward) your cat? (check all that apply): <input type="checkbox"/> Food <input type="checkbox"/> Praise <input type="checkbox"/> Toy <input type="checkbox"/> Petting <input type="checkbox"/> I don't use any reinforcements How do you discipline your cat (check all that apply): <input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Physical Punishment <input type="checkbox"/> Noise to Startle <input type="checkbox"/> Distract <input type="checkbox"/> Reward other behavior <input type="checkbox"/> Time Out <input type="checkbox"/> Spray bottle <input type="checkbox"/> Response substitution <input type="checkbox"/> Other → Please describe: <input type="checkbox"/> I don't discipline my cat List other training tools used currently (clicker, etc).</p>	<p>Have you worked with a professional trainer? Y N (Please check all that apply): <input type="checkbox"/> Group Kitten Classes (kitten < 4 months of age) <input type="checkbox"/> Other Group Classes (please list:) <input type="checkbox"/> Private Obedience Instruction (One-on-one with a trainer) <input type="checkbox"/> Yes, I am a professional trainer <input type="checkbox"/> No, I trained my cat myself <input type="checkbox"/> My cat is not trained Do you show your cat in conformation? Y N Does your cat participate in any sport activities? Y N If so, please list: What is your cat's favorite toy? How do you play with your cat?</p>
<p>Have you ever used a trainer, veterinarian, or behavior specialist to address your pet's behavior or training problem(s)? Y N Who? For what problems?</p>	



Litter Box Information	
Description of Boxes	
Total number of litter boxes in the home: ____	Plastic liners used in the litterbox(es): <input type="checkbox"/> No; <input type="checkbox"/> Always; <input type="checkbox"/> Varies
Location of litter box(es) (check all that apply):	<input type="checkbox"/> Living area of home <input type="checkbox"/> Spare Room <input type="checkbox"/> Basement <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Closet <input type="checkbox"/> Laundry Room <input type="checkbox"/> Other → Please describe:
Type of litter box (check all that apply):	<input type="checkbox"/> Open <input type="checkbox"/> Covered <input type="checkbox"/> Automatic (self cleaning) <input type="checkbox"/> Varies <input type="checkbox"/> Other → Please describe:
Do you use plastic liners in the box(es)?	<input type="checkbox"/> No <input type="checkbox"/> Always <input type="checkbox"/> Varies
Description of Litter	
Type of litter (check all that apply):	<input type="checkbox"/> Clumping <input type="checkbox"/> Clay (non-clumping) <input type="checkbox"/> Crystals <input type="checkbox"/> Sand <input type="checkbox"/> Wood Pellets/Shavings <input type="checkbox"/> Newspaper <input type="checkbox"/> Other → Please describe:
Type of litter:	<input type="checkbox"/> Is Consistent; <input type="checkbox"/> Varies; <input type="checkbox"/> N/A
Litter smell:	<input type="checkbox"/> Deodorized/Scented <input type="checkbox"/> No Odor Control <input type="checkbox"/> Don't Know
Litter Box Hygiene	
Litter boxes are scooped (check only one):	<input type="checkbox"/> <1x/week; <input type="checkbox"/> Weekly; <input type="checkbox"/> Several times/week; <input type="checkbox"/> Daily; <input type="checkbox"/> >1x/day; <input type="checkbox"/> N/A
Litter boxes are washed (check only one):	<input type="checkbox"/> <1/month <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Several times/week <input type="checkbox"/> Daily <input type="checkbox"/> N/A
Cleaner used for the litter box(es) (check all that apply):	<input type="checkbox"/> Strong Disinfectant <input type="checkbox"/> Pine Cleaner <input type="checkbox"/> Bleach <input type="checkbox"/> Lemon Cleaner <input type="checkbox"/> Mild Soap <input type="checkbox"/> Water Only <input type="checkbox"/> Other → Please describe:

If your cat urinates or defecates inappropriately (outside the litter box)	
Is the elimination: <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Both	
How do you clean the soiled area (specify the type of cleaner used)?	
What surface is the inappropriate elimination taking place? (Check all that apply)	
<input type="checkbox"/> Carpet <input type="checkbox"/> Linoleum <input type="checkbox"/> Wood <input type="checkbox"/> Baseboards <input type="checkbox"/> Wall (vertical) <input type="checkbox"/> Sofa/couch (horizontal surface) <input type="checkbox"/> Sofa/couch (vertical surface) <input type="checkbox"/> Door/Door Jam <input type="checkbox"/> Sink <input type="checkbox"/> Tub <input type="checkbox"/> Stove Burners <input type="checkbox"/> Potted Plants <input type="checkbox"/> Your bed <input type="checkbox"/> Another person's bed <input type="checkbox"/> Cat's bed <input type="checkbox"/> Other:	



Patient Medical History	
What veterinary diagnostic tests has your cat had within the last 6 months (check all that apply)?	<input type="checkbox"/> Physical Exam <input type="checkbox"/> Blood Chemistry Testing; <input type="checkbox"/> Urinalysis; <input type="checkbox"/> Radiographs; <input type="checkbox"/> Ultrasound; <input type="checkbox"/> Don't Know; <input type="checkbox"/> Other → Please describe:
Is your cat taking a routine preventive for the following:	<input type="checkbox"/> Fleas/Ticks - Brand? _____, How often? _____ Route of application: <input type="checkbox"/> Oral <input type="checkbox"/> Collar <input type="checkbox"/> Topical/Spot On <input type="checkbox"/> Heartworm - Brand? _____, How often? _____
How often does your cat urinate	Frequency: _____; Urine is: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Infrequent <input type="checkbox"/> Excessive Volume <input type="checkbox"/> Excessive Frequency
How often does your cat defecate	Frequency: _____; Stool is: <input type="checkbox"/> Normal <input type="checkbox"/> Hard <input type="checkbox"/> Diarrhea (Soft/liquid)
Does your cat have a sensitive stomach or a history of hairballs, vomiting and/or diarrhea?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
Does your cat have a history of allergies (food, fleas, pollen, etc)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, to what is your cat allergic?
Has your cat ever had a seizure?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how often do they occur? Please describe an episode:
Has your cat ever had urinary crystals?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
Has your cat ever had a urinary obstruction (was unable to urinate)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
Does your cat have arthritis or other pain-related condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
Does your cat have any current medical problem(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:

List **all** Medications, Nutritional Supplements, and Preventives your cat is **currently** taking:
(Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum)

Medication/Supplement	Strength(mg or ml)	Route	Frequency	Purpose
1				
2				
3				
4				
5				
6				
7				
8				



Principal Behavioral Complaint(s)

Please describe the **3** main behavioral complaints that you would like help with in order of importance.

Complaint #1:

When started _____ Frequency: _____ times per _____ Frequency is _____ ; Intensity is _____

1. Describe **last two incidents** in detail. Use as much space as needed

Date _____ Description _____

Date _____ Description _____

2. Describe last the **first incident** that you can remember

Date _____ Description _____

3. Have you noticed any patterns to this behavior? No Yes If yes, please describe:

4. Were there any changes in the household or routine when this behavior started? No Yes
If yes, please describe:

List any training that you have used to try to address Complaint #1 (if applicable):

Please list current or previously used medication(s) specifically prescribed for Complaint #1 (If Applicable):

Medication	Strength (mg, mg/mL)	Route	Frequency	Effect	Duration of use

Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum

Please describe any negative or undesirable side effects you observed with any of these medications:

Complaint #2:

When started _____ Frequency: _____ times per _____ Frequency is _____ ; Intensity is _____

1. Describe **last two incidents** in detail. Use as much space as needed

Date _____ Description _____

Date _____ Description _____



Describe last the **first incident** that you can remember

Date Description

2. Have you noticed any patterns to this behavior? No Yes If yes, please describe:
3. Were there any changes in the household or routine when this behavior started? No Yes
If yes, please describe:

List any training that you have used to try to address Complaint #2 (if applicable):

Please list current or previously used medication(s) specifically prescribed for Complaint #2 (If Applicable):

Medication	Strength (mg, mg/ mL)	Route	Frequency	Effect	Duration of use

Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum

Please describe any negative or undesirable side effects you observed with any of these medications:

Complaint #3:

When started Frequency: times per Frequency is ; Intensity is

1. Describe **last two incidents** in detail. Use as much space as needed

Date Description

Date Description

2. Describe last the **first incident** that you can remember

Date Description

3. Have you noticed any patterns to this behavior? No Yes If yes, please describe:
4. Were there any changes in the household or routine when this behavior started? No Yes
If yes, please describe:

List any training that you have used to try to address Complaint #1 (if applicable):

Please list current or previously used medication(s) specifically prescribed for Complaint #3 (If Applicable):

Medication	Strength	Route	Frequency	Effect	Duration of use



	(mg, mg/ mL)				

Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum

Please describe any negative or undesirable side effects you observed with any of these medications:

Other complaints (please list):

Briefly describe when these behaviors occur.

General Feelings on the Problem Behavior(s)

Which of the following best describes your feelings on the problem behavior(s):

- It is not a major problem, I'm just curious about it
- It is not a major problem yet but I'm afraid it will be
- It is a major problem but I want to keep my cat
- It is a major problem and I've considered rehoming or relinquishing my cat because of it
- It is a major problem and I've considered euthanizing my cat because of it

What has prompted you to seek help at this time?

What would you like to get out of your cat's behavior health assessment?



Patient Early History						
Has your cat had previous owners?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Unknown. If yes , how many (if known): If yes , do you know why your cat was relinquished?					
Did you meet your cat's mother, or was told about her behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , which best describes her temperament (check all that apply)? <input type="checkbox"/> Quiet <input type="checkbox"/> Excitable <input type="checkbox"/> Calm <input type="checkbox"/> Unruly <input type="checkbox"/> Bold <input type="checkbox"/> Confident <input type="checkbox"/> Shy <input type="checkbox"/> Fearful <input type="checkbox"/> Aggressive <input type="checkbox"/> Other → Please describe:					
Did you meet your cat's father, or was told about his behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , which best describes his temperament (check all that apply)? <input type="checkbox"/> Quiet <input type="checkbox"/> Excitable <input type="checkbox"/> Calm <input type="checkbox"/> Unruly <input type="checkbox"/> Bold <input type="checkbox"/> Confident <input type="checkbox"/> Shy <input type="checkbox"/> Fearful <input type="checkbox"/> Aggressive <input type="checkbox"/> Other → Please describe:					
Do your cat's parents or littermates engage in similar behavior(s) as your cat?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Unknown If yes , please describe:					
Did your kitten have any early illness (< 4 months of age)?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Unknown. If yes , please describe (if known):					
If you obtained your cat as a kitten (less than 4 months of age), please check all that apply						
How was the kitten raised prior to your home?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Cage/Crate <input type="checkbox"/> Garage <input type="checkbox"/> Don't Know <input type="checkbox"/> Other → Please describe:					
How did you select your particular kitten from the litter?	<input type="checkbox"/> Breeder Selected <input type="checkbox"/> No Choice <input type="checkbox"/> Most Outgoing <input type="checkbox"/> Most Timid <input type="checkbox"/> Biggest <input type="checkbox"/> Smallest <input type="checkbox"/> Dominant <input type="checkbox"/> Submissive <input type="checkbox"/> Markings <input type="checkbox"/> Conformation <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other → Please describe:					
How would you describe your cat as a kitten when with the litter?	<input type="checkbox"/> Most Outgoing <input type="checkbox"/> Most Timid <input type="checkbox"/> Biggest <input type="checkbox"/> Smallest <input type="checkbox"/> Dominant <input type="checkbox"/> Submissive <input type="checkbox"/> Other → Please describe:					
If obtained as a kitten (< 4 months of age), how often did your kitten have exposure to the following?						
	N/A	>10x/day	1-10x/ day	1-6x/ week	1x/week	None
Unfamiliar people visiting your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar cats on or off the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing with other young kittens (<4 months of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novel environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If obtained as a kitten (<4 months of age), were treats used with introductions to unfamiliar people? Y N



Behavior Profiles

Personality

How would you describe your cat's personality (check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Friendly to familiar people (family members) | <input type="checkbox"/> Friendly to unfamiliar people (strangers) | | |
| <input type="checkbox"/> Friendly to familiar cats | <input type="checkbox"/> Friendly to unfamiliar cats | | |
| <input type="checkbox"/> Unfriendly towards familiar people (family members) | <input type="checkbox"/> Unfriendly towards unfamiliar people (strangers) | | |
| <input type="checkbox"/> Aggressive towards unfamiliar cats | <input type="checkbox"/> Aggressive towards cats within the household | | |
| <input type="checkbox"/> Hyper / excitable | <input type="checkbox"/> Friendly / outgoing | <input type="checkbox"/> Mellow | <input type="checkbox"/> Anxious/worried/stressed |
| <input type="checkbox"/> Fearful (people) | <input type="checkbox"/> Fearful (objects/environments) | <input type="checkbox"/> Fearful (noises) | <input type="checkbox"/> Fearful (dogs) |

Was your cat's personality different when he/she was a kitten (< 6 months of age) Y N Describe:

What best describes your cat's level of activity (check only one)? Low Medium High Hyperactive

Please note any situations in which your cat is sedated for safety

Are you or any other family members every afraid of your cat?

Behavior Screens

Behaviors your cat engages in (at least weekly)	Yes	In my Presence (times per week)	In my Absence (times per week)	No	Don't Know
Excessive vocalization	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
House soiling (urine/feces)	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Excessive grooming	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Destructive scratching	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Pacing, repetitive behavior	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>

How does your cat react in the following situations (check only one → most appropriate/worst case scenario)	Calm	Friendly	Hyper	Neutral	Fearful	Freezes/ Stares	Anxious	Aggressive	Barks	Don't Know
Unfamiliar people in the home	<input type="checkbox"/>									
Unfamiliar person approaches cat	<input type="checkbox"/>									
Unfamiliar person pets cat	<input type="checkbox"/>									
Babies (< 1 year of age)	<input type="checkbox"/>									
Children, 1-6 yrs of age	<input type="checkbox"/>									
Children, 7-11 yrs of age	<input type="checkbox"/>									
Children, 12-18 yrs of age	<input type="checkbox"/>									
Unfamiliar cat in the home	<input type="checkbox"/>									
Unfamiliar dog in the home	<input type="checkbox"/>									
Familiar cat in the home approaches	<input type="checkbox"/>									
Familiar dog in the home approaches	<input type="checkbox"/>									
Out the window → Sees cat	<input type="checkbox"/>									
Out the window → Sees dog	<input type="checkbox"/>									
Out the window → Sees squirrel or bird	<input type="checkbox"/>									
	Calm	Friendly	Hyper	Neutral	Fearful	Freezes/ Stares	Anxious	Aggressive	Barks	Don't Know
Family Member → Approaches cat	<input type="checkbox"/>									
Family Member → Pets cat	<input type="checkbox"/>									



Family Member → Disturbs cat while sleeping	<input type="checkbox"/>									
Family Member → Picks up cat	<input type="checkbox"/>									
Family Member → Restrains cat	<input type="checkbox"/>									
Family Member → Grooming	<input type="checkbox"/>									
Family Member → Nail trimming	<input type="checkbox"/>									
Family Member → Giving medication (pill)	<input type="checkbox"/>									
Family Member → Giving medication (liquid)	<input type="checkbox"/>									
Placing in carrier	<input type="checkbox"/>									
Rough play with hands	<input type="checkbox"/>									
Veterinary clinic (exam room)	<input type="checkbox"/>									
Loud noises	<input type="checkbox"/>									

Are there objects or environments in which your cat is fearful or afraid?
Please list all triggers of a fear response?

Please indicate situations in which your cat shows the following behaviors:

Behavior	Context
Cowering	
Ears back	
Tail lashing	
Retreating	
Hiding	
Hissing	
Pacing	

Aggression History

If your cat has displayed aggressive behavior towards a **person**, how many times did it occur?

What Level best characterizes the most significant aggressive incident to a person (check only one)?

- Level 1:** Harassment, Hissing, Swatting, Defensive. Did not make contact or touch the skin.
- Level 2:** Hissing, Swatting, Defensive. Claws/Teeth made contact with the skin. No punctures or deep scratches.
- Level 3:** 1-4 punctures from a single bite, Punctures and deep scratches resulted.
- Level 4:** 1-4 punctures from a single bite. Cat held the bite, grabbed and held with mouth/claws/paw
- Level 5:** Multiple level 3 or level 4 bites from a single aggressive incident. Offensive.
- Level 6:** Bite resulted in fatality/death.

If your cat has bitten a person, how many times did a bite occur? _____

How many incidents were at Level 3 or greater? _____

Did any incidents require professional medical intervention (antibiotics, wound care, etc.) _____

If your cat has displayed aggressive behavior towards **another cat**, how many times did it occur? _____

What is the worst damage that your cat has caused to another cat? _____

1. How many times did this level of damage occur? _____

2. Did any incidents require veterinary care (antibiotics, wound care, etc.) _____

Has your cat attacked or killed **another animal** (other than a cat)? Y N Please describe:

Have any incidents been reported to public health authorities? Y N



Training and Discipline	
<p>Do you currently train your cat? Y N How often?</p> <p>What commands or cues does your cat respond to? (check all that apply): <input type="checkbox"/> Doesn't Know Any Cues <input type="checkbox"/> Come <input type="checkbox"/> Fetch <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Other → Please list:</p> <p>How do you reinforce (reward) your cat? (check all that apply): <input type="checkbox"/> Food <input type="checkbox"/> Praise <input type="checkbox"/> Toy <input type="checkbox"/> Petting <input type="checkbox"/> I don't use any reinforcements</p> <p>How do you discipline your cat (check all that apply): <input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Physical Punishment <input type="checkbox"/> Noise to Startle <input type="checkbox"/> Distract <input type="checkbox"/> Reward other behavior <input type="checkbox"/> Time Out <input type="checkbox"/> Spray bottle <input type="checkbox"/> Response substitution <input type="checkbox"/> Other → Please describe: <input type="checkbox"/> I don't discipline my cat</p> <p>List other training tools used currently (clicker, etc).</p>	<p>Have you worked with a professional trainer? Y N (Please check all that apply): <input type="checkbox"/> Group Kitten Classes (kitten < 4 months of age) <input type="checkbox"/> Other Group Classes (please list:) <input type="checkbox"/> Private Obedience Instruction (One-on-one with a trainer) <input type="checkbox"/> Yes, I am a professional trainer <input type="checkbox"/> No, I trained my cat myself <input type="checkbox"/> My cat is not trained</p> <p>Do you show your cat in conformation? Y N Does your cat participate in any sport activities? Y N If so, please list:</p> <p>What is your cat's favorite toy? How do you play with your cat?</p>
<p>Have you ever used a trainer, veterinarian, or behavior specialist to address your pet's behavior or training problem(s)? Y N Who? For what problems?</p>	