



Date of Report: ____ / ____ / ____

BEHAVIOR CASE REPORT (FELINE)

Owner: _____
Address: _____
City: _____
Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Names & ages of children in the household:
1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

Informed of Charge: yes no
Charge: _____
Method: cash check MC Visa
Card#: _____
Exp. Date: _____ Sec. Code: _____

Other pets in the household:

Name	Species/Breed	Age
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		

Pet's Name: _____
Age: _____ DOB: _____
Breed: _____
Color: _____ Wgt: _____
Sex: male male(N) female female(N)
Age Neutered: _____
Reason Neutered: _____
If intact, reason: _____

Did adult household members own pets as children? Yes No
Details: _____

Veterinarian: Dr. _____
Clinic: Hardaway Veterinary Hospital
Phone: 406-388-8387
Copy to Veterinarian: yes no

Household history of previously owned pets:

How did you learn of our services?
Veterinarian phone book former client
Other: _____

Name & approx. ages of adults in the household:
1) _____
2) _____
3) _____



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Pet obtained from:

Breeder Own Breeding Animal Shelter
Stray Pet Shop Private Home

Other: _____

Length of time owned: _____

Age pet was obtained: _____

Why pet was obtained: _____

Why this breed: _____

Describe the environment where this pet was obtained: _____

Describe temperaments/interactions with parents/adults: _____

Number in litter: _____

Why did you choose this pet out of the litter: _____

How many homes has this pet had? _____

Reason this pet was given up: _____

Date of last medical exam: _____

Reason for visit: _____

Related medical history: _____

List all medications including dosages and schedule currently being taken by this pet:

Cat is kept:

1. totally in doors

2. totally out doors

3. combination of both

How would you describe your cats personality while at home with family

1. Friendly

2. Aloof

3. Active

4. Fearful

Type of diet fed: canned moist

 dry table food combination

Brand(s) fed: _____

% of protein: _____

Treat(s) fed: _____

How often fed: SID BID TID >TID

 Free choice

Times fed: _____



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Other details of feeding: _____

Number of litter boxes: _____

Location of litter boxes: _____

Type of litter used:

scented unscented clay scoopable

paper crystals

other: _____

Brand: _____

Liners: _____

Litter box descriptions:

covered open cut away self cleaning

other: _____

How often do you scoop litter box?

How often do you wash litter box?

What cleaning product do you use?

Family's daily schedule:

1) someone home all day

2) someone home half day

3) work full time

4) varies

Details: _____

Housing of pet: _____

Area you live:

1. City/Town

2. Suburban

3. Rural

House Apartment Farm

At Home/owners present:

1) run of house

2) confined area of house

3) barn

4) outdoors

At Home/owners absent:

1). run of house

2). confined area of house

3). outdoors

4). basement/garage

5). barn

Night:

1) sleeps on bed

2) sleeps in bedroom

3) confined area of the house

4) outdoors

5) barn

Outdoor containment:

1) catio

2) tie out

3) none

Exercise:

Playtime:

1) never

2) once a week

3) several times a week

4) once daily

5) several times daily



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Duration of playtime: ____ min.

Activities played: _____

Toys played with: _____

Enrichment:

Perch cat condo tree hiding areas
other: _____

Kitten Classes or any previous training:

Outcome of training: _____

Commands does the cat respond to:

Does the cat receive regular training
now: yes no

With which family members:

Classify cat's learning ability:

Fast Average Slow Easily Distracted

Any special problem solving: _____

Punishment techniques used on the
cat:

- 1) _____
- 2) _____
- 3) _____

What punishment is most effective: _____

How does the cat react to punishment:

Does cat react different to certain family
members: _____

How does the cat behave at home for
grooming & health care: _____

Any problems medicating the cat:

How does the cat behave for veterinary
staff/groomers: _____



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PROBLEM LIST

Elimination:

- 1) Bed wetting
- 2) Diarrhea/vomiting
- 3) House soiling urine
- 4) House soiling stool
- 5) Urine marking

Social:

- 1) Excessive vocalization
- 2) Hissing
- 3) Vocalizing at night
- 4) Hiding
- 5) Escaping outdoors
- 6) Seem disoriented
- 7) Scratching furniture
- 8) Scratching wood
- 9) Scratching other
- 10) Excessive attention seeking

Ingestive:

- 1) Anorexia
- 2) Chewing
- 3) Compulsive eating/drinking
- 4) Eats grass/plants/other
- 5) Pica
- 6) Prey catching
- 7) Steal food
- 8) Wool eating/sucking

Grooming:

- 1) Excessive licking on self
- 2) Excessive air licking
- 3) Excessive licking on others
- 4) Sucking/chewing
- 5) Excessive grooming
- 6) Self mutilation

Locomotory:

- 1) Light chasing
- 2) Circling

- 3) Pacing
- 4) Digging
- 5) Scratching objects
- 6) Roaming/running away
- 7) Car issues
- 8) Carrier issues
- 9) Overly active at night
- 10) Climbing on counters

Temperament Related:

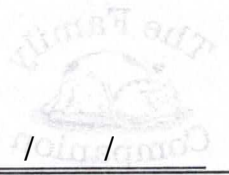
- 1) Depressed
- 2) Hyper excitable/hyperactive
- 3) Fear of thunder/fireworks
- 4) Fear of men
- 5) Fear of woman
- 6) Fear of children
- 7) Fear of situations
- 8) Fear of objects
- 9) Fear of other animals

Aggression:

- 1) During punishment
- 2) During play
- 3) Grooming
- 4) Petting
- 5) When picked up
- 6) Disturbed when resting
- 7) Another cat in house approach
- 8) Cat outside window
- 9) Out of no where

Aggressive to:

- 1) Family
- 2) Children only
- 3) Strangers
- 4) Dogs
- 5) Cats
- 6) Other pets



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NOTES:

3) Facing

4) Digging

5) Scratching objects

6) Roaming during day

7) Car issues

8) Carrier issues

9) Overly active at night

10) Climbing on counters

Temperament Related:

1) Depressed

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Aggression:

1) During punishment

2) During play

3) Grooming

4) Petting

5) When picked up

6) Distracted when resting

7) Another cat in house approach

8) Cat outside window

9) Out of no where

Assessors:

1) Family

2) Children only

3) Strangers

4) Dogs

5) Cats

6) Other pets

PROBLEM LIST

Elimination:

1) Bad wetting

2) Diarrhea/vomiting

3) House soiling urine

4) House soiling stool

5) Urine marking

Social:

1) Excessive vocalization

2) Hissing

3) Vocalizing at night

4) Hiding

5) Escaping outdoors

6) Seem disoriented

7) Scratching furniture

8) Scratching wood

9) Scratching other

10) Excessive attention seeking

Investive:

1) Anorexia

2) Chewing

3) Compulsive eating/drinking

4) Eats grass/plant/other

5) Pica

6) Prey catching

7) Stool eating

8) Wool eating/suction

Grooming:

1) Excessive licking on self

2) Excessive air licking

3) Excessive licking on others

4) Sucking/chewing

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Locomotor:

1) Light chasing

2) Circling



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Behavior Problem:

What age was the pet when the problem first occurred: _____

Situation the problem is most likely to occur in:

Is the problem more frequent with a particular family member:

What have you done to try and correct the problem:

Have any techniques been successful:

Has there been any change in frequency of the problem: yes no

Has there been any change in the intensity of the problem: yes no

Have there been any changes in the household or any other events that might have affected your pet's behavior: _____



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BEHAVIOR PROBLEM LOG:

DATE	PROBLEM	LOCATION	PEOPLE	DETAILS