



East Greenbush Animal Hospital

Dr. Catherine Etherington

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CAT Behavioral History Form

(This must be filled out entirely and turned into East Greenbush Animal Hospital **before** we can schedule a behavioral consultation)

Name of Owner(s) _____

Address _____

Phone numbers _____

If you are not a regular client here, have you had your records from your primary vet faxed to us at 518-477-1400? _____

Are you aware that Dr. Catherine Etherington is not a certified veterinary behaviorist? _____
(if you would like to see a specialist, let us know – expect 2-3 hour travel time each way.)

Name of Pet _____ Birthdate _____

Gender _____ spayed or neutered? _____ Declawed? _____

Percentage time spent indoors _____ Outdoors? _____

What kind (dry vs canned and brand) and how much food do you feed? _____

Is the food left out all of the time? _____

How many water dishes? _____ Do you have a cat water fountain? _____

How often do you play with him/her? _____

Describe what you do to play with your cat and what kinds of toys you use:

Where did you get your cat? _____

When and how old was your cat when you got him/her? _____

Was he/she bottle fed as a kitten? _____

Has she/he had other owners in the past? _____ How many? _____

Why did they give her/him up? _____

Please list people in household and ages:

Please list other pets in household and if they get along with this cat:

How many spots in the house does your cat have to sleep, ie how many cat beds, shelves, cat trees, resting spots does he/she have? _____

Are any spots where he/she can look out a window? _____ how many? _____
What kinds of scratching posts are in the house (what material?) _____
How many? _____ The locations of posts? _____ Are they used? _____

In one sentence, describe your cat's personality:

What is the main behavioral problem:

List other minor behavioral problems and severity:

How old was the cat when the main problem started? _____
How frequent is this problem? _____
How long does it last? _____
Are there any triggers or can you predict when this behavior will occur? _____

During the last 2 months, is the problem getting worse, same, or getting better? _____

On a scale of 1-10 please describe your level of frustration with this problem? (1 is mild annoyance, 10 is ready to give the pet away) _____

Are you considering giving your cat up or euthanasia if this problem doesn't improve? _____

What has been tried to correct this problem in the past?

Describe the last 2 occurrences of this behavior in detail- where, how long, who was present, exactly what happened etc:

How many litterboxes? _____
Where are they located? what rooms, what levels in house:

What kind of litter? _____ is it scented? _____
Are any litterboxes covered? _____ Do you use a liner? _____
Please measure and give dimensions of each box in inches (length and width) :

What is the cleaning protocol and how often?

Does this cat cover his/her urine and feces in box? _____

Fill this out if you are having elimination problems (urinating/defecating outside the litterbox)

Does he/she urinate or defecate or both outside the box? _____

Where in house do the accidents occur and what type of surface? (carpet/clothes/tile/wall/ furniture, etc)? :

How do you clean up these accidents and what kind of cleaning products are you using?