



# KLONDIKE CANINE ACADEMY

BLAIR ANIMAL CLINIC/KLONDIKE KENNELS

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## FELINE BEHAVIOR HISTORY FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Patient (Pet's) Name: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. # \_\_\_\_\_

### Household Information

List all other family members (names):

Adults:

\_\_\_\_\_

Children:

\_\_\_\_\_ age \_\_\_\_\_ age

\_\_\_\_\_ age \_\_\_\_\_ age

Who is the primary caretaker of this pet? \_\_\_\_\_

### Pet Info

Name	Breed	Sex	Neutered	Age (yrs)	Order Adopted:
Patient _____	_____	_____	Y N	_____	_____
Pet 2 _____	_____	_____	Y N	_____	_____
Pet 3 _____	_____	_____	Y N	_____	_____
Pet 4 _____	_____	_____	Y N	_____	_____
Pet 5 _____	_____	_____	Y N	_____	_____

Are any other pets currently ill? Y / N Explain: \_\_\_\_\_

Have there been any changes to the household since acquiring this pet?

- New pet added   
 Baby born   
 Divorce   
 Marriage  
 New roommate   
 family member moved out   
 death of family pet  
 move   
 schedule change with job   
 death of family member  
 other \_\_\_\_\_

Vet's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does this pet have any medical problems? Y / N

Describe: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

**Patient Information**

Weight \_\_\_\_\_ lbs BC score Thin 1 2 3 4 5 Obese

Are the front feet declawed? Y / N \_\_\_\_\_ All 4 paws declawed?

Age declawed: \_\_\_\_\_ Was a laser used for the surgery? Y / N

How long have you had this pet? \_\_\_\_\_ yrs / mth Age of pet when acquired: \_\_\_\_\_ yrs / mth

Pet was acquired from:

\_\_\_ Pet Store \_\_\_ Breeder \_\_\_ Rescue (specify): \_\_\_\_\_  
\_\_\_ Shelter \_\_\_ Stray \_\_\_ Other (specify): \_\_\_\_\_

Age when this pet was spayed/ neutered: \_\_\_\_\_ mths \_\_\_\_\_ yrs \_\_\_\_\_ unknown

Reason for selecting this pet:

\_\_\_ Family pet \_\_\_ Adult pet \_\_\_ Childs pet \_\_\_ Breeding \_\_\_ Hunting  
\_\_\_ Outdoors only \_\_\_ Service \_\_\_ Showing \_\_\_ Other

Have you had a cat before? Y / N

Have you had this particular breed before? Y / N

*Answer the following if this cat was obtained as a kitten < 1 year:*

How was this cat raised in the previous home?

\_\_\_ Litter box trained \_\_\_ Outdoor Kennel/Garage \_\_\_ Pet Store  
\_\_\_ Barn/Farm \_\_\_ Loose Outdoors \_\_\_ Unknown

How did you select this kitten?

\_\_\_ Breeder selected \_\_\_ Most timid \_\_\_ Biggest \_\_\_ Smallest  
\_\_\_ Most outgoing \_\_\_ Looks/Color \_\_\_ N/A \_\_\_ other

**Daily Routine**

Average number of hours this pet is left alone on a daily basis: \_\_\_\_\_ hours

Where is this pet kept when alone?

\_\_\_ Crated \_\_\_ Confined to a room \_\_\_ Garage \_\_\_ Basement  
\_\_\_ Fenced yard \_\_\_ Tethered outdoors \_\_\_ Loose in house \_\_\_ Outdoors loose  
\_\_\_ Outdoor enclosure

Where does this pet sleep at night?

\_\_\_ Crated \_\_\_ Confined to a room \_\_\_ Garage \_\_\_ Outdoor enclosure  
\_\_\_ Basement \_\_\_ Fenced yard \_\_\_ Tethered outdoors  
\_\_\_ Bedroom floor \_\_\_ On person's bed \_\_\_ Outdoors loose

**Living Situation**

House     Apartment     Other     Owned     Rental

**Litter Box Information**

Is this cat (patient listed) urinating in the litterbox? Y/N

If no, is this cat:     spraying (urine found running down vertical surface) OR  
                                   squatting? (urine found on horizontal surface)

Have you noticed this cat straining to urinate? Y / N

Have you noticed any blood in the urine? Y / N

Is this cat drinking more water than usual? Y / N

Has this cat been treated for a Urinary Tract problem before? Y / N When: \_\_\_\_\_

Is this cat (patient listed) defecating in the litterbox? Y/N

Have you noticed this cat straining to defecate? Y / N

Is any other cat in the household not using the litterbox? Y/N Name: \_\_\_\_\_

*\*\*\*\*If another cat in the household is not using the litterbox please fill out a behavior history form for this cat also.*

How many litter boxes do you have? 0    1    2    3    4    5    6 +

How often do you scoop the litterbox?     Daily     2x daily  
 once/weekly     twice/week     3x/weekly     other: \_\_\_\_\_

Type of litter box (check all that apply):

Indicate number of boxes for which description is true in (parentheses)

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Open ( )        | <input type="checkbox"/> Large ( )   | <input type="checkbox"/> Liner ( )             |
| <input type="checkbox"/> Covered ( )     | <input type="checkbox"/> Small ( )   | <input type="checkbox"/> No Liner ( )          |
| <input type="checkbox"/> Square ( )      | <input type="checkbox"/> Deep ( )    | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Rectangular ( ) | <input type="checkbox"/> Shallow ( ) | <input type="checkbox"/> Self-cleaning         |

Measurements of boxes in Inches: length x width x depth \_\_\_\_\_

What kind of litter material do you put in the boxe(s)? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Clumping / Scoopable         | <input type="checkbox"/> Gravel/rock                        |
| <input type="checkbox"/> Clay (non-clumping)          | <input type="checkbox"/> None (empty box)                   |
| <input type="checkbox"/> Scented                      | <input type="checkbox"/> Sawdust/wood chips                 |
| <input type="checkbox"/> Non-scented                  | <input type="checkbox"/> Wheat husks                        |
| <input type="checkbox"/> Playground sand              | <input type="checkbox"/> Corn based product                 |
| <input type="checkbox"/> Recycled, pelleted newspaper | <input type="checkbox"/> Shredded paper/paper toweling      |
| <input type="checkbox"/> Pine based product           | <input type="checkbox"/> No box- cat eliminated outdoors    |
| <input type="checkbox"/> Other (specify) _____        | <input type="checkbox"/> Anything you can get with a coupon |

What brand of cat litter is used (list name): \_\_\_\_\_

Type of litter used is:     consistent     varies

How often do you dump and clean the litterbox?     Daily     2x daily  
 once/weekly     twice/week     3x/weekly     other: \_\_\_\_\_  
 monthly     never

Cleaners used:

Bleach     Pine cleaner     Lemon cleaner     mild soap only     water only

Describe in detail how your cat uses the litter box. For example, does it scratch in the litter box before eliminating? Cover up feces? Scratch outside box?

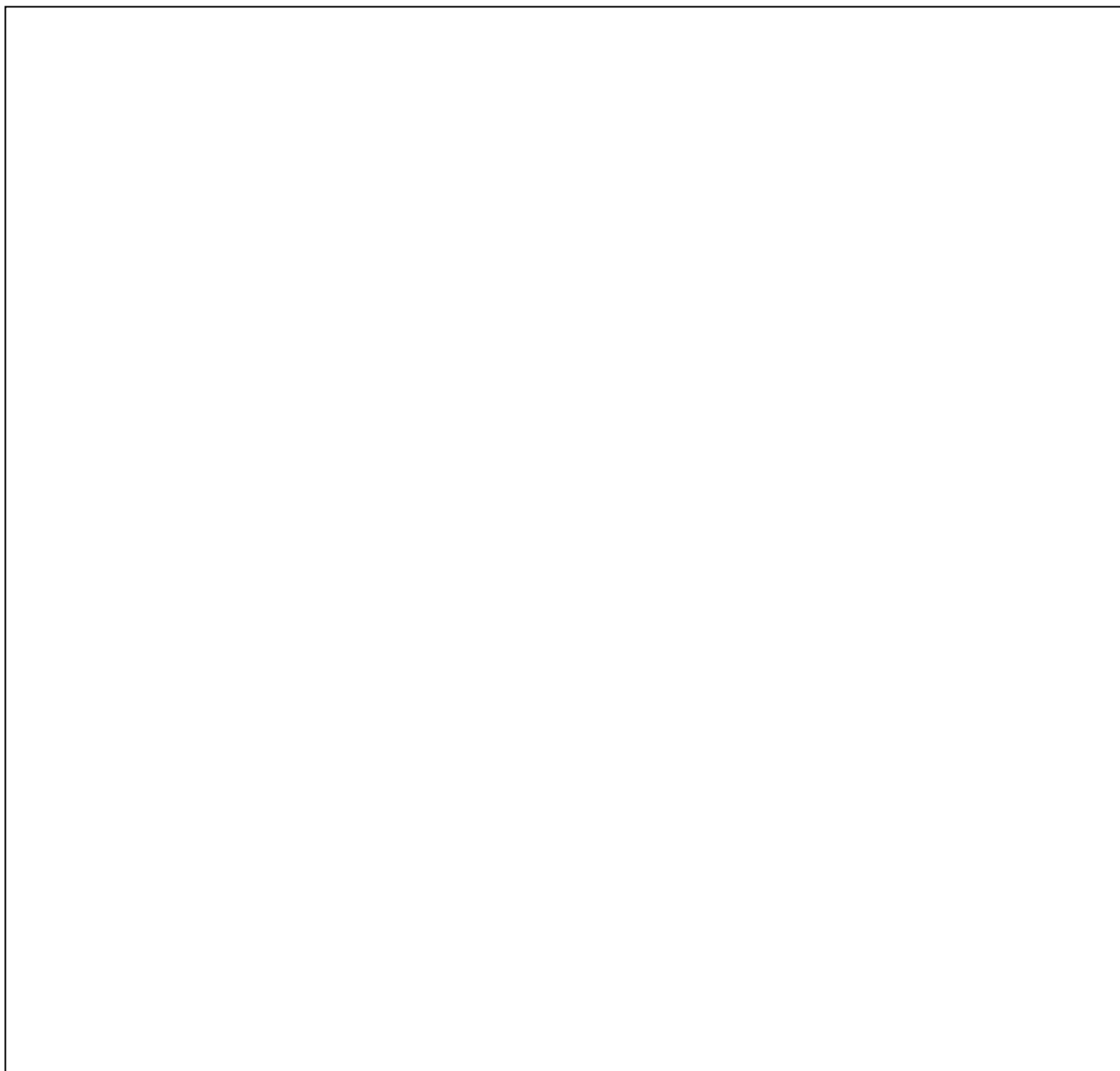
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Where are the litter boxes located? (Check all that apply)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Closet   | <input type="checkbox"/> Entryway              |
| <input type="checkbox"/> Kitchen  | <input type="checkbox"/> Pantry                |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Basement              |
| <input type="checkbox"/> Bedroom  | <input type="checkbox"/> Stairwell             |
| <input type="checkbox"/> Attic    | <input type="checkbox"/> Other (specify) _____ |

Please draw a floor plan of your house labeling where each litterbox, favorite resting places, and food and water bowls are located. Also label any areas of inappropriate elimination (if this is also a concern.)



## Training & Behavior History

### Diet

Brand: \_\_\_\_\_

Dry \_\_\_% Canned \_\_\_% Treats \_\_\_% Other \_\_\_%

Feeding Schedule: once/daily 2x/day 3x/day ad lib

Treats (brand) \_\_\_\_\_

Table food \_\_\_\_\_

Please check any of the following behaviors that you are concerned about with this pet:

- |  |  |
|--|--|
| <input type="checkbox"/> Jumps up on people        | <input type="checkbox"/> plays too rough with me       |
| <input type="checkbox"/> Jumps up on furniture     | <input type="checkbox"/> Fear biting                   |
| <input type="checkbox"/> Destructive scratching    | <input type="checkbox"/> Excessive energy              |
| <input type="checkbox"/> Inappropriate elimination | <input type="checkbox"/> Does not listen               |
| <input type="checkbox"/> Hisses at people          | <input type="checkbox"/> Protects food or toys from me |
| <input type="checkbox"/> Bites                     | <input type="checkbox"/> Chases : _____                |
| <input type="checkbox"/> Aggressive to Humans      | <input type="checkbox"/> Other : _____                 |
| <input type="checkbox"/> Aggressive to Dog         | <input type="checkbox"/> too attached to me            |
| <input type="checkbox"/> Aggressive to Cat         | <input type="checkbox"/> hides/nervous all the time    |

### Discipline Techniques:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> none ever       | <input type="checkbox"/> startling          | <input type="checkbox"/> scruff shake      | <input type="checkbox"/> verbal reprimand |
| <input type="checkbox"/> time out        | <input type="checkbox"/> physical reprimand | <input type="checkbox"/> ignore            | <input type="checkbox"/> re-direct        |
| <input type="checkbox"/> alpha roll over | <input type="checkbox"/> water pistol       | <input type="checkbox"/> grab collar       |   |
| <input type="checkbox"/> distraction     | <input type="checkbox"/> shock collar       | <input type="checkbox"/> citronella collar |   |

### General Behavioral Profile

#### Key:

Happy = experience is enjoyable, fully tolerates, asks for more

Anxious = tolerates, but would prefer to avoid if possible, may shake, nervous, but does not attempt to hiss, snap, or bite or run away.

Aggressive = persistent growling/hissing, may lunge forward, intense focus on object: owner unable to distract, may need to be muzzled for procedure, attempts to hiss/swat, snap, or bite.

Hyper = more than merely excited, may be combined with anxiety, persistent or repeats behaviors, difficult to distract.

Fearful = nervous, anxious, attempts to escape, body posture reflects cat is prepared to run away or may attempt to growl, snap, or bite, (Fight or Flight)

Neutral = no response, cat does not care

Unknown = unknown, have never attempted or exposed to this



## Problem History

Do you have access to a digital camera? Y / N Video recorder? Y / N  
You may also be asked to submit photos and video as this can be a vital source of information also.

Please be as specific and as detailed as possible in your answers, using another sheet of paper or typing answers as needed.

For each incident answer the following questions:

- What happens?
- Where does it occur?
- Who is present?
- What triggers the event?
- What does the dog look like (body language) just before the event and afterwards?
- How do you react to the event? What do you do specifically?

Problem: \_\_\_\_\_

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Most recent incident:

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2<sup>nd</sup> most recent incident:

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3<sup>rd</sup> most recent incident:

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