



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



Feline Behavior History

Please answer the following questions and return this form prior to your 1st appointment.
Email to Linda@cannonvet.com // Fax to 651-258-4051 // or Mail to above address.
Please answer the following questions carefully. Feel free to add any other important information.
This completed form will be utilized to assess your cat's behavior and to form an individualized treatment plan.

General Information

Date: _____

Client Name: _____

Address: _____

Home#: _____ Work#: _____ Cell#: _____

Email Address: _____

Household

Number of adults: _____ Number of children: _____ Ages of children _____

Adults occupations: _____

Who is the primary caretaker of the cat? _____

Do you have additional pets in your home? Yes ___ No ___

How many? _____ What species? _____

Patient Information

Pet's Name: _____ Breed: _____ Age: _____

Sex: Male ___ Female ___ Status: Intact ___ Spayed ___ Neutered ___

Is your cat declawed? Yes ___ No ___ Front Only ___ Front and Back ___ What Age ___

Average number of hours cat is left alone per weekday _____

Schedule on weekdays: Consistent ___ Varies _____

Where is the cat when left alone?

Confined in a Room ___ Garage ___ Other _____

Cage ___ Basement ___ Outside ___ Loose in House _____

Average hours spent outside per weekday? _____

Type of discipline?

None Ever ___ Startling ___ Water ___ Responsive Substitution _____

Physical ___ Verbal Reprimand ___ Time Out ___ Other _____

Origin of Cat

Own Breeding____
Breeding____
Private Home____

Pet Shop____
Humane Society____
Stray____

Other____
Don't Know____

Routine Veterinarian

Dr. _____

Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

Will you give permission to discuss this case with your current vet? Yes ___ No ___

Cat's Medical History

Are your cat's vaccinations up to date? Yes _____ No _____

What is the date of your most current rabies vaccination? _____

Where was it administered? _____

Has a comprehensive blood chemistry panel been run? If so, when? _____

Does your cat have any medical conditions? If yes, please explain.

Is your cat currently on any medication? If yes, please explain. _____

Cat's Background:

Why did you acquire this cat?

For a child ___ As a companion ___ Farm/Outside Cat ___ Show ___ Breeding ___

How many previous owners has your cat had? _____

What was their explanation for returning this cat? _____

How old was your cat when you brought it home? _____

Describe your cat's behavior as a kitten? Was there anything unusual?

What behavior issues are you experiencing with your cat? _____

At what age was your cat neutered or spayed? _____

Were there any behavior changes after the surgery? _____

If your cat is intact, has he/she ever been used for breeding purposes? Yes ___ No ___

Are you planning to breed? Yes ___ No ___ Unsure ___

If your cat is an intact female, when was her last heat cycle? _____

Was it normal? _____

Diet and Feeding Schedule

When is your cat fed? AM _____ PM _____ Both _____

What brand of food do you feed your cat? _____

Dry _____ Canned _____ Table Scraps? _____ How much food? _____

Has your cat's appetite changed recently? Increased _____ Decreased _____

Describe your cat's feeding habits? Good Appetite _____ Finicky _____ Voracious _____

Who feeds your cat? _____

Where do you feed your cat (location)? _____

What is your cat's favorite treat? _____

How often do you provide fresh water? _____

Litter box

Number of litter boxes _____

Location of litter boxes:

Living Area _____ Spare Room _____ Basement _____ Bathroom _____

Kitchen _____ Laundry Room _____ Hallway _____ Closet _____

Other _____

Type of litter box:

Open _____ Covered _____ Varies _____

What type of litter do you provide for your cat? _____

Is the type of litter consistent? _____

Are liners used? _____

How often is the litter box scooped? _____

How often is the litter box washed? _____

What type of cleaner is used?

Strong Disinfectant _____ Bleach _____ Pine Cleaner _____ Mild Soap _____

Lemon Cleaner _____ Water Only _____ Other _____