

Feline Behavior Pre-History Form
East Bay Veterinary Specialists and Emergency
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Thank you for booking a behavior appointment! I am looking forward to meeting your pet and family. Please fill out this form completely and thoughtfully as possible since it will help to make best use of our time at our upcoming appointment.

Owner Information:

Name: _____

Address: _____

Phone (home) _____ (work) _____ (cell) _____

Best phone number to reach you: _____ Email: _____

Veterinarian Information:

Clinic Name: _____

Doctor's Name: _____ Phone: _____

Who referred you to Dr. Stepita? _____

Patient Information:

Name: _____ Breed: _____

Date of Birth/Age _____ Weight _____ Color _____

Sex: _____ Neutered/Spayed: _____

Household information:

People in household or who interact with cat on a regular basis (pet sitter, friends of the owner):

NAME	AGE	RELATIONSHIP (e.g. spouse, dog walker, etc.)

Other pets in household (in order came into household):

NAME	SPECIES/ BREED	AGE NOW	SEX- Neutered	AGE ACQUIRED

Type of Home:

Other:

Since you adopted this cat how many houses has the cat lived in? _____

List any major household changes since acquiring this cat (e.g. moves, illness/death of pets/people, added new people/pets to the household, etc.)

Date: _____ Event: _____

Date: _____ Event: _____

Date: _____ Event: _____

Acquisition Information:

How old was this cat when acquired? _____

Where did you obtain this cat?

Other:

Behavior of cat's parents/littermates (if known):

Describe previous home(s) (if known):

Neutering Information:

Is this cat spayed/neutered:

If Yes, at what age?

Reasons for neutering/spaying (check all that apply:

Did you notice any changes after neutering/spaying?

If not neutered/spayed, why? (check all that apply):

Medical History:

List any major illnesses/surgeries (dates):

List all medications/treatments your cat is currently receiving including dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date started medication

Feeding:

Dry Food _____ % of diet _____ (brand)

Canned Food _____ % of diet _____ (brand)

“People Food” _____ % of diet _____ (type)

Supplements, treats _____

When and where is your cat fed meal(s)? _____

By whom? _____

How long is food available or does he/she eat immediately? _____

Average Day:

Does your cat go outside?:

If yes, how much time does s/he spend outside daily? _____ Where? _____

Litterbox information:

Number of litterboxes in house _____

Location(s): _____

Type (and # of each type if applicable) of box(es):

Covered _____ Uncovered _____

Size of box(es): _____

Type(s) of litter used:

How often is the box scooped out? _____

How often is the box completely emptied and cleaned out? _____

What do you use to clean the box thoroughly (i.e. mild soap, bleach)? _____

Primary Behavior Problem:

What is the ONE main behavior problem you wish to address today?

For each incident below please include, if applicable:

1. Where the incident occurred
2. Who else (human and animal) was present
3. What happened just before the incident (if known/applicable)
4. How everyone present reacted
5. Other information relating to the incident

First incident of the main behavior problem:

Date of event _____ Cat's age _____ (Approximate date/age is o.k.)

Describe the VERY FIRST incident of this problem. Try to remember the earliest occurrence of the problem, even if it wasn't as serious as it is now. For instance, if your cat is aggressive to people, describe the first time she growled or hissed at someone, not the first bite.

Describe per instructions above the most recent incident of the main behavior problem:

Date of event _____ Cat's age _____

Describe per instructions above at least one other incident you feel illustrates the main behavior problem (if you would like to describe other incidents please do so on a separate page):

Date of event _____ Cat's age _____

If applicable please describe changes in your cat's body language or facial expression (including tail and ear position, and overall body posture) before, during or after the incidents.

Frequency:

How frequently does the main behavior problem occur?

Is the frequency...

Describe what you've tried to correct the problem and what the cat's response has been to each attempt.

How serious do you and other members of the household find this problem:

Name _____

Name _____

Name _____

Has anyone suggested you euthanize or re-home this cat because of this problem?

Have you ever considered euthanasia or re-homing your cat because of this problem?

List other problem behaviors in order of importance to you.

LIABILITY:

- As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that behavior therapies recommended by Dr. Meredith Stepita may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them.
- I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk.
- Furthermore, I realize that Dr. Meredith Stepita cannot guarantee that a pet will not be aggressive or cause injury to people or property in the future and that the pet's owner(s) and handler(s) continue to assume all liability for any future aggression.
- By signing below, I am freely assuming these risks and do not hold Dr. Meredith Stepita or East Bay Veterinary Specialists liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations.

Owner's Name: _____ Pet's Name: _____

I, _____ have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of Dr. Stepita.

Signed: _____ Date: _____