



WINTER PARK VETERINARY HOSPITAL

A Compassionate Commitment to Quality Pet Care Since 1955!

GENERAL INFORMATION		
Name:		Date of consultation:
Address:		Postal (zip) code:
		Email:
Phone: Home: ()	Business: ()	Fax: ()
Veterinarian/clinic:		Clinic phone:
Clinic address:		
Referred by (if other than veterinarian):		

PET INFORMATION			
Pet's name:		Breed:	Color:
Date of birth:	Weight:	Sex: M/F	Neutered? Y/N
Age neutered:		Declawed? Y/N – Age at declawing:	
Any change after neutering?			
Any change after declawing?			
Age obtained:		Where did you obtain this pet?	
Breeder, if applicable:			
Behavior of parents or littermates:			

ENVIRONMENT/LIFESTYLE		
Why did you obtain your cat? (companion, breeding, etc.)		
Type of food:	When is pet fed?	
Describe eating habits (e.g., picky, voracious):		
List treats or supplements:	How often are they given?	
Favorite treat:		
Do you give catnip? Y/N	How often?	Cat's reaction:
Does your cat hunt? Y/N What does your cat hunt?		
What does cat do with prey after caught?		
<i>Exploratory and self-play.</i> Favored self-play toys:		
Favored self-play games:	Favored play times:	
Does the cat have a play center? Y/N		
Describe:		
<i>Interactive play.</i> List games/activities cat enjoys:		
Who plays with cat?	How often?	Favored play times:
How long is the cat home alone on the average day?		
Cat's reaction to being alone:		
Is cat ever allowed outdoors? Y/N	Is cat ever outdoors unsupervised? Y/N	



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How often and for how long?	
<i>Describe where cat stays/sleeps at each of the following times:</i>	
Daytime (when owners at home):	Daytime (when owners away):
Night-time:	When guests visit:
<i>How does your cat react to the following:</i>	
Unusual/loud noises:	Strangers in home:
New (non-family) cats:	New dogs:
Car rides:	

REINFORCER ASSESSMENT

If your cat was allowed to have any treat, what would it prefer? List top five:

What other types of rewards would entice your cat (play toys, catnip, attention/affection)? List top five:

FAMILY/RELATIONSHIPS

List each family member (include sex and age):

How does your cat get along with each family member?

Who feeds?

Who grooms?

Who gives treats?

Who plays?

Who trains?

Briefly describe the family schedule, including how long the cat is left alone:

List any other pets, including species, breed, age, and sex:

How do the pets get along with each other?



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TRAINING

What commands does your cat respond to?

Describe your cat's learning ability:

Who does your cat respond to the best?

List any 'tricks' your cat can perform:

Have you used a body harness on your cat?	Y/N	Cat's reaction:
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HANDLING

How does your cat react to the following:

Nail trimming:	Grooming/brushing:
Giving pills:	Giving liquid medication:
Cleaning/treating ears:	Lifting/carrying:
Patting/stroking:	Bathing:
Restraining on your lap:	

PERSONALITY

Briefly describe your cat's personality (friendly, bold, active, playful, aloof, independent, fearful, etc.):

PUNISHMENT

How does your cat react to each of the following types of punishment:

1. Physical:	2. Noise (siren):
3. Ultrasonic (Pet-Agree™):	4. Water sprayer:
5. Verbal:	

What punishment is most effective?

Describe any punishment that has had an adverse effect:

Does the cat respond differently to different family members?

GROOMING, SCRATCHING, AND KNEADING

Does your cat groom itself? Y/N If yes, does the grooming appear to be (circle one): a) normal b) excess c) less than expected?

When is your cat most likely to groom?

Does your cat lick or groom (circle all that apply): a) other cats in the home b) people in the home c) objects?



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Are there situations/times of year that cause grooming to increase? Y/N If yes, describe:
Does your cat have a scratching post? Y/N If yes, describe:
Does your cat scratch any areas/objects other than its scratching post or play areas? Y/N If yes, describe:
When is your cat most likely to scratch?
Are there any situations/times of year that cause scratching to increase? Y/N If yes, describe:
Does your cat knead? Y/N If yes, describe:
When is your cat most likely to knead?
Are there situations/times of year that cause kneading to increase? Y/N If yes, describe:
Do you feel your cat's scratching, kneading, or grooming is unusual or excessive? Y/N If yes, describe:

ELIMINATION AND LITTER INFORMATION		
Does your cat use a litterbox for stools? Y/N/sometimes	For urine? Y/N/sometimes	
Does your cat also eliminate outdoors? Y/N If yes, what percent of defecation is outdoors? ____%	What percent of urination is outdoors? ____%	
Does your cat dig/bury after eliminating? Y/N		
Does your cat housesoil? Y/N If yes, circle all that apply: a) urine horizontal surfaces b) urine vertical surfaces c) stools		
Where is your cat's preferred elimination location?		
How often is the litterbox cleaned/changed?		
Litterbox location	Type of litter	Type of box
1.		
2.		
3.		
Indicate which of the above boxes your cat prefers:		
If you have more than one cat, do they have different litterboxes? Y/N		
Do the cats use each other's litter boxes? Y/N If no, describe where each cat's box is located:		

YOUR CAT'S HOME ENVIRONMENT	
Describe your home: House, apartment, semidetached home, basement, trailer home, etc.	
How many stories?	How many rooms?



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Please draw a simple diagram of each floor of your home to show all places your cat eliminates:

Use the following keys to indicate the location of each of the following: Kitty litter: (use numbers 1, 2, 3 to correspond to box locations above)

Play area: *P*

Scratching post: *SP*

Site of inappropriate scratching: *D*

Sleeping spots (daytime): *SD*

Site of inappropriate elimination/bowel movements: *BM*

FELINE ELIMINATION PROBLEM QUESTIONNAIRE

(please proceed to next section if your cat does not have an elimination problem)

Does your cat defecate outside the litterbox? Y/N

If yes, how often does your cat defecate outside the litterbox? (circle one)

a) Few times a month b) Few times a week c) Daily d) Multiple times daily

When is the cat most likely to defecate outside the litterbox?

What percentage of stools are outside the litterbox? ____%

Where, other than the litterbox, does your cat defecate? List room(s) and type of surface(s):

Does your cat urinate outside the litterbox? Y/N

If yes, is there a preference for urinating on (circle one)

a) Upright surfaces, e.g., walls b) Horizontal surfaces, e.g., floors c) Both upright and horizontal

How often does your cat urinate outside the litterbox? (circle one)

a) Few times a month b) Few times a week c) Daily d) Multiple times daily

When is your cat most likely to urinate outside the litterbox?

What percentage of urination is outside the litterbox? ____%



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Where, other than the litterbox, does your cat urinate? List room(s) and type of surface(s):	
Have you ever observed the cat soil outside the litterbox?	
If yes, what did you do?	
Does your cat continue to soil outside the box while you are observing?	
Does your cat ever use its litterbox while you are observing?	
Can you think of any pattern (seasons, days of the week) to the problem?	
Was your pet ever completely 'houstrained'? Y/N If yes, at what age was the cat fully trained?	
What age was your pet when this problem started?	
Describe the first incident:	
Were there any changes in the household when the problem began?	
Were there any changes associated with the litter or litterbox when the problem began?	
What do you think caused the problem?	
What has been done so far to try and correct the problem?	
What was the cat's response?	
List any techniques that have been at all successful:	
List any techniques that have made the problem worse:	
Is there a particular type of litter or surface your cat seems to prefer?	
Are there any surfaces where your cat will not soil?	
Have you tried other types of litter? Y/N	Have you ever used litter with a deodorant? Y/N
If yes, describe litter and cat's reaction to each litter type:	
Is there a particular type of litterbox your cat seems to prefer?	
Have you tried other types of litterbox? Y/N	
If yes, describe boxes and cat's reaction:	



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Is there a particular location your cat seems to prefer for elimination?		
Is there a room or location in your house where your cat does not soil? Y/N	Have you tried other litter locations? Y/N	
If yes, describe locations and cat's reaction:		
Do changes (moving, new furniture, vacations) dramatically affect your cat?		
List any drugs tried so far, and the cat's response to medication:		
List any medical problems and treatment that your cat has had:		
Does any straining or pain accompany urination? Y/N	Or defecation? Y/N	Any blood in the urine or stools? Y/N
Is stool consistency normal? Y/N If no, describe:		
Any increase in frequency:	Urine Y/N	Stools Y/N
Describe:		
Any increase in drinking? Y/N	Is there an increase in appetite? Y/N	
How often per day does your cat pass urine?	Stools?	

FELINE SKIN DISORDERS

Please answer the following questions if your cat has a problem with overgrooming, behaviorally induced hair loss (psychogenic alopecia), rippling skin (hyperesthesia), or self-traumatic behaviors

Describe the problem:
When did the problem first begin? (cat's age, time of year, etc.)
Were there any changes in the household, which may have occurred just before the problem began?
Were there any changes in the cat's health or any other physical or behavioral changes when the problem began?
Has the severity, frequency, pattern, or type of hair loss changed since the problem first arose? Y/N
If yes, describe:



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Is there a particular event that is most likely to cause or aggravate the problem?
Is there a particular time of month or year that the problem gets worse or begins to improve?
Is the behavior more likely to occur when you are (circle one): a) at home out of the room b) at home in the room c) away from home d) no difference
What has been done so far to try and correct the problem?
What was the cat's response?
List any techniques that have been at all successful:
List any techniques that have made the problem worse:
List any drugs tried so far, and the cat's response to medication:
Do any pets in your household go outdoors? Y/N If yes, which ones?
Do any other pets in the household have any skin problems? Y/N If yes, describe:
Have any other family members or friends developed skin problems? Y/N If yes, describe:

PRINCIPAL COMPLAINT

(it is not necessary to duplicate previous answers for elimination or skin disorders)

What is the primary problem? (aggressive, destructive, housesoiling, tail chasing, etc.)	
How would you describe the severity of this problem? (circle one) a) Mild b) Moderate c) Severe	
Have you considered euthanasia? Y/N	Comment:
When did the problem begin?	
What age was your pet when this problem started?	
Describe the problem, beginning with the most recent incident:	



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Describe the first incident:
What do you think caused the problem?
Describe any changes in the home or the pet's health when the problem first started:
How often does the problem occur?
Has there been a recent change in frequency or severity? Y/N If yes, describe:
What has been done so far to try and correct the problem?
What has been the cat's response?
List any techniques that have been at all successful:
List any techniques that have made the problem worse:
List any drugs (include dosage, frequency, when started, when stopped), dietary treatments, supplements, or remedies tried so far, and your cat's response to medication:

AGGRESSION

Is your cat aggressive toward a) family members? b) other people? c) other cats? d) other animals?

Describe:



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What do you do when your cat displays aggression?

What is the cat's response?

FEAR

Is your cat fearful? Y/N If yes, would you describe the fear as (circle one): a) mild b) moderate c) severe?

Describe any situations where your cat is shy, timid, or fearful:

Describe your cat's reaction (retreat, freeze, aggressive, etc.):

FOR EACH CATEGORY CIRCLE THE ANSWER THAT BEST APPLIES

Sleep: a) normal b) excessive c) decreased d) restless/wakes at night

Describe problems:

Eating: a) normal b) overeats c) voracious d) picky e) undereats

Describe problems:

Urine: a) normal b) increased amount c) increased frequency d) decreased frequency

Describe problems:

Stools: a) normal b) increased amount c) increased frequency d) decreased e) soft f) hard/dry

Describe problems:

Activity: a) normal b) overactive – daytime c) overactive – night-time d) decreased e) repetitive (stereotypic)

Describe problems:

Interaction with owners: a) affectionate b) little/minimal affection c) overly affectionate/demanding

Describe problems:



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ADDITIONAL PROBLEMS (describe briefly if not previously discussed)		
Destructive chewing/eats plants: Y/N	Destructive scratching: Y/N	Scratches people: Y/N
Chews/sucks non-food items: Y/N	Vocalization/howling: Y/N	Hunting: Y/N
Climbing: Y/N	On furniture/counters where not permitted: Y/N	
Goes into rooms where not permitted: Y/N	Garbage raiding/food stealing: Y/N	Roaming: Y/N
Additional comments or problems:		
Medical: Indicate any ongoing or recurrent health problems and results of any laboratory tests		

VETERINARY HISTORY FORM (for referred cases, to be completed by referring DVM prior to consultation)	
Clinic:	Phone #:
Address:	Doctor's name:
	Postal code:
	Fax #:
Client's name:	Pet's name:
Behavioral History	
Describe the pet's behavior in your clinic, including any problems that you have observed:	
For what behavior problem is this cat being referred? (i.e., presenting complaint or diagnosis)	
Please indicate any advice or counseling that you have given the client thus far (including dates):	
Have any medications or products been suggested? If yes, indicate dates, duration, and response:	
Medical History	
Date of most recent physical/dental examination:	



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List any abnormal findings:		
Vaccination status:	Date:	Vaccines administered:
List any present medical problems:		
Are you aware of any sensory deficits? Y/N If yes, describe:		
Are you aware of any painful conditions in this pet? Y/N If yes, describe:		
List any recurrent or previous medical problems:		
Is the pet presently receiving treatment or medication of any type?		
Diagnostic Screening Tests		
Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.		
Indicate what diagnostic or screening tests have been performed and the date of each:		
List any abnormal results:		