

Feline Behavior Evaluation Form What Seems to be the Problem?

| General Information | | | | | |
|--|--------|----|--------------------------|---------|--|
| Name of Pet Parent: | | | | | |
| Address: | | | | | |
| Email Address: | | | Phone Number: | | |
| House or Apartment? | | | Number of rooms: | | |
| How many stories? | | | Have you moved recently? | | |
| Kitty & Pet Specifics | | | | | |
| Kitty Patient's Name: | | | | | |
| Male or Female? | | | Age: | | |
| Breed: | | | Color: | Weight: | |
| Spayed/Neutered? | | | Age when fixed: | | |
| Did any changes occur after getting fix | xed? | | | | |
| Declawed? Ye | es | No | Age when declawed: | | |
| Did any changes occur after getting d | eclawe | d? | | | |
| When was your kitty last taken to a ve | t? | | | | |
| What tests were run? | | | | | |
| What were the results of the test(s)? | | | | | |
| How long has your kitty resided in your home? | | | | | |
| Does your kitty have access to all rooms in your home? | | | | | |
| If not, which rooms are not accessible | ? | | | | |

| Kitty's Purr-sonality | | | | | |
|---|--------------------------------------|---------------|-----|--|--|
| Please describe in detail your kitty's temp | erament: | | | | |
| | | | | | |
| Would you describe your kitty as moody o | or aloof? | | | | |
| If so, when do they behave this way? | | | | | |
| | | | | | |
| Does your kitty groom itself a normal am | ount, excessively, or less than a ne | ormal amount? | | | |
| Normal Amount | Excessively | Less than nor | mal | | |
| Does your kitty lick/groom: (check all that | t apply) | | | | |
| other cats/pets in your home | people in your home | objects | | | |
| Does your kitty groom more during certa | in times of the year? | Yes | No | | |
| If so, what is the season when grooming i | s more frequent? | | | | |
| | | | | | |
| Does your kitty groom more during or after certain situations/encounters, e.g. after a negative interaction with another pet in your household? (Explain) | | | | | |
| | | | | | |
| Does your kitty respond to its name? | | Yes | No | | |
| Who does your kitty respond to most in y | our household? | | | | |
| Does your kitty interact with all family me | embers? (Describe) | | | | |
| | | | | | |

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| Additional Pet Information | | |
|--|-----|----|
| Have you recently adopted any new pets? If yes, what type of pet? | Yes | No |
| Is your kitty the only pet in the household? If not, how many cats do you have? | Yes | No |
| How many additional pets do you have? | | |

| List Each Pet | | | | | | | |
|---------------|--------|-------|-----|-----------------|--|--|--|
| Name | Gender | Breed | Age | Spayed/Neutered | | | |
| | | | | | | | |
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| Feeding Information | | | | | | |
|--|-----------|----------|------------------------|------------------|-----|----|
| Do you use an auto feeder? | Yes | No | Do you use a microchip | feeder? | Yes | No |
| Do you feed wet food? | Yes | No | How many times a day? | | | |
| Do you feed dry food? | Yes | No | How many times a day? | | | |
| Do you feed homemade food? | Yes | No | How many times a day? | | | |
| Do you give treats? | Yes | No | Frequency? | Brand of treats: | | |
| Do you give catnip? What is the response to catnip? | Yes | No | | | | |
| How many feeding stations are a | available | ? | | | | |
| How close are the feeding statio | ns to eac | h other? | , | | | |
| Where are they located? | | | | | | |
| Are all cats/pets fed in the same | location | ? | | | | |
| If not, where is each cat/pet fed? |) | | | | | |
| | | | | | | |

Playtime Information

Does your kitty play alone?
If so, describe how they play and with what:YesNoDoes your kitty have a specific play area in your home?
If yes, describe:YesNoAt what hours of the day does your kitty like to play?YesYes



| Is your cat active during late evening and bedtime hours? | Yes | No |
|---|-----|----|
| Do you play with your kitty? | Yes | No |
| If so, how often? | | |
| Do you play hunting games with your kitty? | Yes | No |
| If yes, what toys are used to facilitate hunting? | | |
| Does your kitty finish the hunting sequence, e.g. stalk, chase & pounce, attack & bite? | Yes | No |
| Do you reward your kitty after they have caught their "prey"? | Yes | No |
| What is the final outcome of playtime/hunting, e.g. is your kitty calm or agitated ? | | |
| Do they still want to engage in play? | Yes | No |
| What do you use as a reward system for your kitty, e.g. treats, toys & play, affection? | | |
| | | |

| Additional Information | | |
|--|-----|----|
| Does your kitty have a tall cat tree/climber, e.g over 6 feet tall? If so, how many? | Yes | No |
| Do each of your kitties/pets have their own bed? | Yes | No |
| Do each of your kitties have their own scratching post? How many scratching posts do they have? | Yes | No |
| Excluding scratching posts, what else does your kitty scratch in your home, e.g. furniture? | | |



| How long is your kitty hom | ne alone during the work week? | | |
|---|--|--------------|----------|
| How long is your kitty hom | ne alone during the weekend? | | |
| Do you feel your kitty has s | separation anxiety? (Explain) | | |
| Is your kitty allowed outsic If yes, do you supervise yo | de? ur kitty when they are outside? | Yes Yes | No No |
| What is the frequency that | your kitty goes outside and for what duration are they | allowed out? | |
| When your kitty is window | watching are they able to see neighborhood cats in the | e yard? | |
| How does your kitty respo | nd to: | | |
| Dogs: | | | |
| | | | |
| Unusual/loud noises: | | | |
| Strangers in your house: | | | |
| | | | |
| New (non family) pets: | | | |



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| Discipline | | | | |
|---|---|----|--|--|
| Have you ever used a | Yes | No | | |
| What is your kitty's response to these forms of discipline: | | | | |
| | | | | |
| Physical: | | | | |
| | | | | |
| Verbal/yelling: | | | | |
| | | | | |
| Spraying water: | | | | |
| Noise deterrent: | | | | |
| | | | | |
| Compressed air: | | | | |
| | | | | |
| Other: | | | | |
| Describe any punishn | nent used that has had a negative effect on your kitty: | | | |
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