

**Behavior Service
University of California
Veterinary Medical Teaching Hospital
One Shields Avenue
Davis, CA 95616-8747
Ph: 530-752-1393/ Fax: 530-752-7616**

Owner Information:

Name: _____

Address: _____

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

Email: _____

Veterinarian Information:

Clinic Name: _____

Doctor's Name: _____ Phone: _____

Who referred you to the Behavior Service? _____

Patient Information:

Name: _____ Breed: _____

Date of Birth/Age _____ Weight _____ Color _____

Sex: Male _____ Female _____ Neutered/Spayed: Yes _____ No _____

Date of last Rabies vaccination: _____ 1 year or 3 year

People living in household:

Name	Age	Relationship (e.g. spouse, son, daughter, roommate, etc.)

Other people in regular contact with pet (e.g. petsitters, housekeepers, friends, etc.):

Name	Age	Relationship (e.g. pet sitters, friend, grandchild, etc.)

Pets in household (in order came into household). Please put an "X" next to the patient:

NAME	SPECIES/ BREED	AGE NOW	SEX- Neutered	AGE ACQUIRED

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

Name	Species (e.g. dog, cat) & Breed (e.g., Golden Retriever, Manx)	Male/Female Spayed/Neutered	Age Now	Age when obtained

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., etc.)

Date: _____ Event: _____
 Date: _____ Event: _____
 Date: _____ Event: _____

Acquisition Information:

How old was this cat when acquired? _____
 Where did you obtain this cat? (Ex: Breeder) _____
 Private home/previous owner _____ Shelter/rescue organization _____ Pet store _____
 Other _____

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

Describe previous home(s) (if known):

Why did you choose this cat?

Have you had other cats before: grew up with _____ as an adult _____

Type of Home: Apartment _____ Condo _____ Private House _____

Medical History:

List any major illnesses/surgeries (dates):

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

Name of medication	Dosage/frequency given	Date started medication

Daily Activities and Routine:

Feeding:

When and where is the cat fed? _____

Who feeds? _____

Types of food: Dry _____ (BRAND) _____ % of diet
 Canned _____ (BRAND) _____ % of diet
 Raw _____ % of diet
 People food _____ % of diet
 Other _____ % of diet

Eating habits (check all that apply):

Eats right away _____ Picky eater _____ Anxious eater _____ Guards food from people _____

Guards food from cats _____ Other _____

How long is food available _____ N/A (eats immediately)

Average Day:

Does your cat go outside: No _____ Yes _____

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: Clay _____ Clumping/scoopable _____

Crystals _____ Pellets (pine, wheat, etc) _____

Other _____

How often is the box scooped out?

How often is the box emptied and cleaned out?

What do you use to clean the box?

Describe a typical 24 hour day in your cat's life, starting with when and where the cat wakes up in the morning. Include feeding, exercise and play times. If behavior problems occur at particular times of the day include that information.

Has your cat ever nipped or bitten a person? No___Yes___

If yes, describe the victim(s) (age, gender, actions e.g. 10 year old boy waving stick). Continue on additional pages if needed

Primary Behavior Problem:

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

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 at someone, not the first bite. Or if your cat has litterbox problems, describe the first time it happened.

Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone present reacted.

Date of event_____Cat's age_____(Approximate date/age is o.k.)

Describe per instructions above the most recent incident

Date of event _____ Cat's age _____

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

Date of event _____ Cat's age _____

If you noticed any changes in your cat's body language or facial expression before, during or after the incidents please describe.

Frequency:

How frequently does this problem occur?

>10 times/day_____ 1-10 times/day_____ 1-6 times/week_____ <1x/week_____ <1time/month_____

Is the frequency... Increasing_____ Decreasing_____ Unchanged_____

What percent of time that your cat is in a potentially problematic situation does the problem behavior occur?:

<25%_____ 25-50%_____ 51-75%_____ 76-100%_____

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_____ Mild_____ Moderate_____ Severe_____ Intolerable_____

Name_____ Mild_____ Moderate_____ Severe_____ Intolerable_____

Name_____ Mild_____ Moderate_____ Severe_____ Intolerable_____

Has anyone suggested you euthanize or rehome this cat because of this problem? Y_____ N_____

Have you ever considered euthanasia or rehoming this cat because of this problem? Y_____ N_____

List other problem behaviors in order of importance to you.

Please include on a separate page a floor plan sketch of where your cat lives. Include in the diagram the location of: litterbox(es), food dishes, and **mark with an “x”** areas where the problem behavior occurs.

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 the UC Davis Behavior Service 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 the clinicians, UC Behavior Service and its agents 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 UC Behavior Service, University of California, or its clinicians, students, agents, employees, or owners/agents for facility used to see cases 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 UC Behavior Service.

Signed: _____ Date: _____