



Feline Behavioural History Form

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RCVS Advanced Practitioner in Companion Animal Behaviour

Client Details

Client Name:

Address:

Email:

Phone:

Please list the names, ages and occupations of other members of the household:

Name	Age	Gender	Occupation	Relationship with cat in question

Patient Details

Cat Name:

Breed:

Age (D.O.B):

Gender:

Age obtained:

Date obtained:

Source (obtained from):

Reason for obtaining:

Has he/she ever been used for breeding?

How would you describe your cat's personality?

Have you owned cats previously?

Have you owned other pets previously?



Please list any current household pets:

Name	Type/Breed	Age	Gender (neuter status)	Relationship with cat in question

Medical history

Please give a brief description of your cat's medical history:

Vaccination status:

Date of last worming:

Is your cat on any regular medication?

Has your cat ever been on medication for his/her behaviour? If so, please describe the drug, dose and date(s):

Early history

Please describe, if known, what your cat's early environment was like, including: litter size, early experiences, dam and sire personalities, if reared indoors/outdoors, early interactions with people, etc.,:

Did your cat attend any socialisation classes as a kitten? If so, please describe:

How well do you think your cat learns?

What is your cat fed?

How much and how often?

Where is your cat fed?



If you have more than one cat, please describe where and when they are fed and how they appear to eat if the other cat(s) are nearby:

Please sketch a floorplan of your home to aid description.

Where does your cat sleep/spend time resting?

If you provide litter trays, please describe how many and where they are located (you can refer to the floorplan if easier):

Does your cat use the litter tray(s)?

Does your cat have access to outdoors? Please describe:

What is your cat's daily routine (including; sleeping, resting, playing, eating, exercising, home alone, etc.)?

What is your cat's usual reaction to;

- 🐾 Visitors?
- 🐾 Strangers outside?
- 🐾 Other animals?

What are your cat's favourite things/things to do?

Have there been any changes in the home or your cat's environment/routine recently?

What is the current problem?



When was the first incident? Please describe it in detail:

How old was your cat at the first incident?

How often does it occur/how long has it been occurring?

Please describe two more occasions and what you think may have been happening at the time:

1.

2.

What do you think the triggers are for these behavioural issues? Why do you think your cat displays this behaviour?

Have there been previous attempts to rectify the situation? If so, what methods have been used?

Has any form of punishment been used?

Does your cat display any other unwanted behaviours?

How does your cat's behaviour make you feel?

What outcome would you ideally achieve from a referral behavioural consultation?

Has euthanasia been considered for your cat?

The Behavioural Consultation will be conducted in your home (unless otherwise agreed) and you will then receive a full behavioural report including a Behavioural Modification Programme and follow-up support. Subsequent visits can also be arranged if necessary.

Email: info@donovanvetbehaviour.com

Please note that all consultations are on the basis that a veterinary referral is obtained, access to veterinary records are given and a copy of the vet report will be sent to your vet upon completion. This form should be completed by the owner or someone with full permission to provide information and authorities.