

Helping Hand



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Strengthening the Human – Animal Connection

General Behavior Consult Form – Feline

Client Information

Date: _____

Client's Name: _____

Veterinarian: _____

Spouse's Name: _____

Vet's Phone: _____

Home Address: _____

Vet's Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone (optional): _____

E-mail: _____

Fax: _____

Patient Information (Include pets involved in the primary problem)

Pet's Name: _____

Pet's Name: _____

Species: _____

Species: _____

Breed: _____

Breed: _____

Sex: [] Male [] Female

Sex: [] Male [] Female

Birth Date: _____

Birth Date: _____

Age: _____

Age: _____

Color: _____

Color: _____

Date of last Rabies Vaccine: _____

Date of last Rabies Vaccine: _____

Chief Complaint: (In one or two sentences describe the primary reason you're bringing your pet for a behavior consult.)

Synopsis of the Behavior Problem

When did you FIRST notice it?

When did you first realize it was a problem?

Describe a typical episode or event:

Has the problem gotten worse? If so, how, and over what time period?

What have you tried, so far, to prevent/stop the behavior?

Note: If there is any inappropriate elimination, please fill out the Inappropriate elimination questionnaire)

Goals: (What is your ultimate goal? What will you be satisfied with? What will you do if you cannot reach these goals? (Find a new home? Return to breeder? Euthanize?))

General History

Length of Ownership: Please describe how and where you acquired your pet. Make sure you address the following items.

How long have you had your cat and when and where did you acquire him/her?

If you acquired him/her from an animal shelter or rescue organization do you know why he/she was surrendered to the organization?

Do you know if the cat was hand-raised (bottle fed) or raised by its mother?

Why did you get your pet?

Additional comments:

Reproductive history:

Is your pet neutered? [] No [] Yes If yes, at what age and what was your reason for neutering?

Did you notice any behavior changes at the time of neuter?

If not neutered, do you plan on showing or competing with your pet and then breeding?

Has your pet ever been bred?

Additional comments:

Diet: (please describe your pet's eating habits.

What type and brand of food does your pet regularly eat?

How often and how much do you feed and how much of it does he/she eat? (i.e. free choice fed or set meal times)

Does he/she eat it all right away?

Where is he/she fed and by whom?

If this is a multi-cat household, how many food dishes are there?

Does he/she get table scraps, treats or supplements more than 2x a week? No Yes

If yes, how often and what?

Basic Medical Status:

When was your pet's last veterinary health check?

Are vaccines current? No Yes If so, when were they given?

Is your pet on heartworm medication? No Yes Which one?

Is your pet on flea preventive medication? No Yes Which one?

History of Medical Problems: Please describe your pet's health and medical status. Make sure you address the following questions.

Does your pet have any known medical problems or past surgeries? No Yes If yes, please describe:

Is he/she currently being treated for medical problems? No Yes Explain:

Has your veterinarian performed a medical work-up for the behavioral problem? No Yes

If yes, describe the tests done and the results: (i.e. blood work, urinalysis, x-rays, etc.)

Additional comments:

Please list all the animals in the household

Name:	Breed:	Sex:	Age obtained:	Age now:
1)				
2)				
3)				
4)				

How does the cat get along with each of these animals?

Please list the people, including you, currently living in the household:

Name:	Sex:	Age:	Relationship: (spouse, daughter, etc)	Occupation: (i.e. at home a lot or working all day)
1)				
2)				
3)				
4)				
5)				

How does the cat get along with each of the people in the home?

Exercise: (Describe the type and amount of exercise your pet gets on a daily basis).

Does he/she have access to toys and play with toys on his/her own?

Is there scheduled play time each day with the humans and cat(s)? If yes, what type and how often?

Who primarily plays with the cat(s)?

Describe any other exercise:

Additional comments:

Daily Routine:

Is this cat an indoor cat or outside cat (what percentage of time is spent indoor/outdoor)?

How does the cat spend a typical day? (i.e. how often does it nap, does it keep to itself or seek interaction with the family members, etc)

Where does he/she stay at night? (where does the cat sleep)

What does the cat do when guests visit?

How does the cat act when guests visit?

Training and Socialization:

Has your cat had any formal socialization classes as a kitten? [] No [] Yes If yes, when, where, who took the cat, and how did he/she do? How old was the kitten when he/she attended the classes?

Anything else we should know about his/her training and socialization?

Please list any other information you feel would be helpful.