

## Feline Consultation Form

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Basic Information

Feline's Name:	
Age:	
Breed:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or neutered? Age when performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight (in pounds):	
Age and/or date when acquired:	
Source:	<input type="checkbox"/> Breeder <input type="checkbox"/> Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Rescue <input type="checkbox"/> Other:
History prior to acquisition:	
Has your cat been bred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much interaction did he/she have with people and other animals in the first year of life?	
How would you describe your pet's personality?	
<b><i>Please draw a map or layout of your home on a separate piece of paper. Indicate the location of the following areas: Food, Water, Litter boxes, Rest areas, Climbing towers, Scratching Posts, Windows, Doors</i></b>	

### Current Problem

Describe the problem you are currently experiencing.	
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When did this problem start?	
Did it correspond with any event of action that you can identify?	
Is this a chronic or intermittent issue?	<input type="checkbox"/> Chronic <input type="checkbox"/> Intermittent
What has been tried to correct the problem?	
Do you suspect any cause?	
Describe the three most recent episodes of the behavior:	1.)
	2.)
	3.)
Any other details surrounding the problem?	
Is there any legal action pending because of this pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

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**Medical History**

Primary Veterinarian Information:		Clinic Name: _____	
		Veterinarian's Name: _____	
		Phone: _____	
Date of last veterinary visit:			
Please list your pet's current/regular medications below			
Heartworm Preventative:			
Flea/Tick Preventative:			
Medication Name	Amount	Frequency	
Any changes in eating or drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Explain:		
Any lumps, bumps, pain, or limping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Explain:		
Have you noticed any of the following in the last year?	<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	
	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	
Has your cat ever been treated for behavior in the past? If so, please provide treatment plan and any medications/supplements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Explain:		
Does your pet have or ever had seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any chronic medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Explain:		

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**Household Occupants**

Name (you)	Age	Occupation	Relationship w/pet
Have you owned cats previously?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you owned this breed of cat previously?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

**Household Pets**

Name	Age, Breed, Sex (neutered?)	Relationship with patient.

**Diet and Feeding Health**

Brand of Food:	
Amount and frequency:	
Percent crude protein (on the bag/can):	
Where is the cat fed (physical location)?	
Where is the cat fed in relation to other cats in the household?	
Describe your cat's appetite:	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
At what speed does (s)he typically eat:	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Grazes
Do you need to be present for your cat to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Do you add any supplements to their diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your cat have any food allergies or sensitivities?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

### Daily Activities

Where does your cat sleep?	
Does your pet ever wake you at night? If yes, how often and ideas on why?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
How many hours per day do you think your cat sleeps?	
Does your cat seek out high places to rest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where can your cat normally be found during the day?	
Is your cat allowed to go outside? If yes, how long do they like to stay out?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is access to the outside controlled by you or is there a cat door?	
How often do you see other cats in your yard?	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> 3-4 per Week <input type="checkbox"/> Rarely <input type="checkbox"/> Never
How far does your cat roam?	<input type="checkbox"/> Stays in our yard <input type="checkbox"/> The neighbor's <input type="checkbox"/> I do not know how far
Where does your cat stay during the day when no one is home?	<input type="checkbox"/> Crate <input type="checkbox"/> Specific Room <input type="checkbox"/> Free Run (in the house) <input type="checkbox"/> Outside <input type="checkbox"/> Other:
What arrangements are made for the cat if you are away from home for a while (ex: on vacation)?	

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Typically, how long is your cat left alone without people on any given day?	
Have there been any changes in your household or your routine?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

### Elimination Behavior

Do you provide a litter box?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many litter boxes are provided? Recent change?	
Where are the litter boxes located? Recent change?	
What type of box(es) do you use?	
What shape/size?	
What brand litter do you use? Recent change?	
Are there odor control granules? Is it clumping litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
How often is waste material scooped out?	
How often is the box completely emptied out and washed?	
What do you use to clean/wash the litter box itself? Recent change?	
Does the cat use the litter box on a regular basis? How frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Times per day
Does that case use the box for...	<input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Both <input type="checkbox"/> Neither

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Does the cat bury his/her urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the cat bury his/her feces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you see the cat scratching and digging in and around the box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the cat ever jump out and run away from box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Problem elimination behavior (if applicable):</b>		
What is the cat leaving outside the litter box?	<input type="checkbox"/> Urine	<input type="checkbox"/> Feces <input type="checkbox"/> Both
How often?		
How long has this behavior been occurring?		
What time of day do you usually find the deposits outside the box?		
Indicate on your map where the cat is eliminating outside of the box.		
When the problem first began, do you recall any unusual incident at the time or something that may have upset the cat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Explain:
Have you ever caught the cat eliminating outside the litter box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Explain:
Where is the urine located?	<input type="checkbox"/> On the floor	<input type="checkbox"/> On the wall <input type="checkbox"/> Both
If you are not the cat's first owner, did the cat have similar issues in its other home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Explain:
Has this cat had urinary tract infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Explain:
When was the last time a urine sample was examined by your veterinarian?		

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What has been done in the past (medical, environmental, behavioral) to change this behavior?	
Has anything been effective in decreasing or eliminating the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

### **Territorial Behavior**

Does your cat defend his/her territory from other cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which cats?	<input type="checkbox"/> Strange cats outside <input type="checkbox"/> Housemates Names:
Details of what your cat looks like when defending his/her territory.	
Does your cat fight with any other cats in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever see this cat physically blocking a housemate from accessing food, litter boxes, rooms, toys, or climbing perches?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you ever see another housemate cat blocking this cat from accessing food, litter boxes, rooms, toys, or climbing perches?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

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**Play Behavior**

Is your cat playful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any specific time devoted to play or training on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What types of toys does your cat play with?		
Does your cat come when called or do tricks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your cat respond to catnip?	Explain:	

**Scratching Behavior**

Is your cat declawed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Front only	<input type="checkbox"/> All four feet
At what age was your cat declawed?		
Do you have scratching posts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What type(s)? Indicate on your map where these are located.	
Does your cat use the scratching post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Sometimes	<input type="checkbox"/> My cat scratches other things:

**Interactions with Family Members**

In what type of home do you reside?	<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Townhouse
	<input type="checkbox"/> Single family	<input type="checkbox"/> Other
How would you describe your home?	<input type="checkbox"/> Quiet	<input type="checkbox"/> Lively
	<input type="checkbox"/> Chaotic	
<i>Reaction to interactions.</i>		
Is there any aggression in the following circumstances? Aggression could be demonstrated by:		
• Snarling	• Lunging	• Nipping
• Growling	• Snapping (no contact)	• Biting
• Barking	• Muzzle punching	
If yes to any section, please indicate the type of aggression as listed above.		
	Adult #1	Adult #2
	Children	Any other specific individual
Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Grooming				
Petting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Hugging				
Playing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Disciplining	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Putting in carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered yes to any of the above, please explain here:

### Interaction with Others

How does your cat behavior when the doorbell rings?		
Is your cat quick to approach visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your cat's response to the following types of visitors?	Frequent: Occasional: New:	
Cat's Reaction to...	Inside the Home:	Outside the Home:
Unknown men		
Unknown women		
Unknown children		
Other animals (cats, squirrels, etc.)		
Crowds/busy areas		

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**Other Behaviors**

When your cat meow?	
When your cat growl?	
When does your cat purr?	
Is your cat aggressive when he/she is denied something he/she wants?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your cat ever show inappropriate mounting or other sexual activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
How does your cat respond to grooming?	
How does your cat respond to handling?	
Does your cat lick or chew on themselves more than you would expect?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
How do you correct your can when he/she misbehaves?	
Are there any other behaviors you find objectionable?	

**Aggression (If applicable)**

Describe the very first incident that indicated to you there was a problem. How old was the pet?	
Describe the most recent incident.	

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What did the cat's body look like? (ear or tail position, hair standing up, etc.)	
What was your reaction or response to this event?	
What was your cat's reaction to your response?	
Was there contact? If yes, what type of injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scratch <input type="checkbox"/> Bruise <input type="checkbox"/> Puncture(s) <input type="checkbox"/> Tear
How frequently does this type of incident occur?	<input type="checkbox"/> Multiple times per day <input type="checkbox"/> Daily <input type="checkbox"/> Several times per week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Too sporadic
What has been done to correct the problem?	
The problem is getting:	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No change
What do you suspect is the cause?	

### **Relationship with Pet**

What are your feelings about the cat's present behavior?	<p>Adult Owner #1:</p> <p>Adult Owner #2:</p> <p>Children/Other:</p>
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What is your expectation for change?	
What are your goals for treatment?	
Under what circumstances would you consider rehoming this cat?	
Under what circumstances would you consider relinquishing this cat to a shelter or rescue?	
Under what circumstances would you consider euthanasia?	

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