

Cat and Client History Form

Cat's name _____ Owner name _____ Date _____






Contact information: Telephone: _____ E-mail _____
 Please check preferred method of contact

Cat Information: Breed _____ Color: _____ Date of Birth _____ Weight ___ lb kg

Owned for? _____ years _____ months; M F Neutered? if yes, Date: _____
 (month/year)

Declawed? N Y If yes, Front only All four paws

Body Condition (please check box that looks most like your cat):

<input type="checkbox"/> Skinny	<input type="checkbox"/> Lean	<input type="checkbox"/> Moderate	<input type="checkbox"/> Stout	<input type="checkbox"/> Obese
				

Please check the boxes that best apply to your cat.

Diet: (please be as specific a name as you can, ex: Buckeye Best (company) Adult Chicken and Rice (flavor)

Wet food: name _____ None 25% 50% 75% 100%

Dry food: name _____ None 25% 50% 75% 100%

How many hours each day, on average: Indoor Only 18-24 12-18 6-12

does your cat spend indoors? 0-6 Is time outside supervised? Yes No

If you have more than one cat, what is their relationship? Not Related

Littermate Sibling Parent-Offspring Other (_____)

Where did you obtain your cat (source)?

- | | |
|---|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Offspring from a pet I already own(ed) |
| <input type="checkbox"/> Purchased from a friend | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Purchased from a breeder | <input type="checkbox"/> Purchased from a pet shop |
| <input type="checkbox"/> Stray/orphan | <input type="checkbox"/> Other _____ |

Does your cat frequently (please check all that apply): Try to escape Pace at outside doors
 Cry at outside doors Hide Act fearful Act friendly Follow owners around the home
 Destroy things when left alone Act "depressed" (little interest in feeding, grooming, environment, etc.)

Housing (____): *Apartment:* studio 1-2 bedrooms 3 or more bedrooms,
Zip Code

House: attached/twin duplex attached, 3 or more units, single other _____

Total Cats _____ Total Dogs _____ Other Pets _____ Other people _____

Please help us understand what your cat does around the house by placing a check (✓) in the box next to each behavior that best describes how commonly your cat does each of the behaviors described below.

Does your cat:	All of the time	Most of the time	A good Bit of the Time	Some of the time	A little bit of the time	None of the Time	Does Not apply
Leave household articles (furniture, drapes, clothing, plants, etc.) alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat small amounts calmly at intervals throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink small amounts calmly at intervals throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the litterbox.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get along with people in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get along with other pets in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remain calm when left alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay relaxed during normal, everyday handling (grooming, petting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm down quickly if startled or excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
React calmly to everyday events (telephone or doorbell ringing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play well with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play well with other family cats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show affection without acting clingy or annoying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerate confinement in a carrier (including travel).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groom entire body calmly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use scratching posts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play with toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments; anything else your cat regularly does or does not do that you think might be helpful for us to know about?

2. Health History

The cat's condition today is _____

Previous Illnesses or Surgeries _____

Current medications _____

Directions: For items below, please use the following choices to describe how many times you have seen your pet experience the symptom, adding **comments/explanation** as appropriate.

Score =

0 = I have **NEVER** seen it

1 = I have seen it **at least ONCE**

2 = I see it **at least ONCE per YEAR**

3 = I see it **at least ONCE per MONTH**

4 = I see it **at least ONCE per WEEK**

5 = I see it **DAILY**

Score	How often does your cat:	Comments/explanation
	Cough	
	Sneeze	
	Have difficulty breathing	
	Stop eating	
	Vomit <input type="checkbox"/> food <input type="checkbox"/> hair <input type="checkbox"/> bile <input type="checkbox"/> other	
	Have hairballs	
	Have diarrhea	
	Have constipation	
	Defecate outside the litter box	
	Strain to urinate	
	Have frequent attempts to urinate	
	Urinate outside the litter box	
	Have blood in the urine	
	Spray urine	
	Groom more than cats usually do	
	Shed more than cats usually do	
	Scratch him/herself more than cats usually do	
	Have discharge from eyes	
	Seem fearful	
	Seem to need a great deal of contact or attention	
	Destroy things when left alone	

Please check any of the following diseases your cat has been diagnosed with:

- | | |
|--|--|
| <input type="checkbox"/> Periodontal (dental) disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Inflammatory bowel disease | <input type="checkbox"/> Skin disease |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes Mellitus |
| <input type="checkbox"/> Cardiomyopathy (heart problems) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Other _____ | |

Household Resource Checklist

The following questions ask about your cat's resources so we can learn more about the environment your cat(s) live in. Please ✓ **DK** if you don't know, **NA** if it does not apply, or **Yes** or **No** after each question. If you have more than one cat, please answer for **all** cats. Resources (food, water, litter, and resting areas) for each cat are assumed to be out of (cat) sight of each other, such as around a corner or in another room. If they are in sight of each other, please answer **No**.

Space		DK	NA	Yes	No
1	Each cat has its own resting area in a convenient location that provides some privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Resting areas are located such that another animal cannot sneak up on the cat while it rests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Resting areas are located away from appliances or air ducts that could come on unexpectedly (machinery) while the cat rests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Perches are provided so each cat can look down on its surroundings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Each cat can move about freely, explore, climb, stretch, and play if it chooses to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Each cat has the opportunity to move to a warmer or cooler area if it chooses to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A radio or TV is left playing when the cat is home alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and Water					
8	Each cat has its own food bowl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Each cat has its own water bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Bowls are located in a convenient location to provide privacy while the cat eats or drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Bowls are located such that other animals cannot sneak up on the cat while it eats or drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Bowls are located away from machinery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Bowls are washed regularly with hot water and a mild detergent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Different types of food or water are offered in a separate container next to the usual one so cats can choose to consume it (or not).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter boxes					
15	Each cat has its own box (one box per cat, plus 1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Boxes are located in convenient, well-ventilated locations that still give each cat some privacy while using it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Boxes are located on more than one level in multi-level houses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Boxes are located so another animal cannot sneak up on the cat during use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Boxes are located away from machinery that could come on unexpectedly during use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Unscented clumping litter is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Litter boxes (continued)		DK	NA	Yes	No
21	A different brand or type of litter is purchased infrequently (less than monthly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	If a different type of litter is provided, it is put in a separate box so the cat can choose to use it (or not) if it wants to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	The litter is scooped daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	The litter is completely replaced and boxes are washed at least weekly with a mild soap (like dishwashing liquid), rather than strongly scented cleaners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Contact					
25	Each cat has the opportunity to play with other animals or the owner if it chooses to on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Each cat has the option to disengage from other animals or people in the household at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Can your cats avoid interacting with outdoor cats through windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Care and Activity					
28	Horizontal scratching posts are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Vertical scratching posts are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Chew items (e.g., cat-safe grasses) are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Toys to chase that mimic quickly moving prey are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Toys that can be picked up, carried, and tossed in the air are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Toys are rotated on a regular basis (at least weekly) to provide novelty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional comments on any of the questions, please write them below, including the question #.

By submitting this form, you agree that anonymous information from it may be used for cat health-related research.