



Feline Aggression History

Please submit this form to drcori@felinebehaviorhousecalls.com

Cat's Name: _____ Date: _____

Your Name: _____ Phone: _____

Address: _____

Email: _____ Medical record submitted by your vet? Y/N

1. How did you hear about us? _____

2. Aggression is toward: Other Cats People Both

3. What type of aggression: Biting Scratching Chasing Staring/glaring Hoarding
resources such as food/litter Other _____

4. Has this cat been seen by a veterinarian for this problem? Yes No

If yes, was the cat **diagnosed** with any health issue?

Yes No

If yes, please list the clinic name, or provide records _____

Please list any medications the cat is taking _____

5. How long has the aggression gone on? _____

6. How often do the incidents occur? _____

7. Are other animals living inside the home? Yes No

If yes, please list the number of other animals: Cats _____ Dogs _____ Others _____

Please describe the general relationship between this cat and each of the other pets (check all that apply):

Friendly Ignores Aggressive Plays Always together Picked on by the others

Comments: _____

8. If the aggression is between two cats, how do these cats pass each other in a hallway? Do they come to the center to greet each other or do they take the perimeter, hiss, glare, etc?

9. Which cat do you think is the perpetrator and which do you think is the victim?

10. Did any of the following happen before the problems began (check all that apply)?

- Moved Added new pets to home New type of litter box New type of litter
- New person moved into home New baby Construction Work schedule changed
- Owner began travelling Outdoor cats began hanging around the home Divorce
- Other: _____

11. Did any other household or lifestyle changes occur when the problems began? Yes No

If yes, please describe _____

12. Is your cat declawed? Yes No

If yes, at what age was he/she declawed? _____

13. Describe the cat's personality (confident, aloof, nervous, friendly) _____

14. Where do the incidents occur (check all that apply):

- Near the litter box Near food bowls Near windows Middle of room On bedding

15. In what rooms do the incidents occur? _____

16. When do the incidents occur (check all that apply):

- At night During the day, while home When owners are at work/away Other: _____

17. Are there any triggering events preceding each incident?

18. Please describe the incidents in detail (you might need to attach another page):

19. How many litter pans are in the home? _____ Covered Uncovered Automatic

If there are multiple types, what is the cat's preferred type of box? _____

20. How often is litter scooped? _____

21. How often is the litter changed out completely? _____

22. What type of litter does your cat use currently? _____

23. Does any cat in the home have accidents (urine or feces)? _____

24. Is your cat ever confined when you are not home? Yes No

If yes, do accidents still occur during this time? Yes No

If yes, how does your cat act when confined? Wants out Doesn't care More relaxed

25. What steps have been taken to resolve the incidents?
