

**DALBLAIR VETERINARY SURGERY**  
**52/54 DALBLAIR ROAD**  
**AYR KA7 1 UQ**

Branch Surgery  
Hunter Street,  
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KA9 1 LG  
Tel. 477082

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Fax no. 01292 618138  
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**Behaviour History Form**

**Cat**

**Please fill out your details and email, post or hand in at reception**

Client name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

E mail \_\_\_\_\_

Vet \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Pet name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Colour \_\_\_\_\_

Age \_\_\_\_\_

Male/female \_\_\_\_\_

Neutered \_\_\_\_\_

BIOP \_\_\_\_\_

**Partners:**

*A.S. HUTCHISON B.V.M.S. M.R.C.V.S. Cert Vet Ac. Lic.Ac*

*S.L. JEFFERSON B.V.M.S., M.R.C.V.S.*

Where did the cat/kitten come from (e.g. breeder/rescue/domestic home?)

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How did the kitten behave in the first few weeks? e.g. timid/outgoing/normal?

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**Diet**

What is the cat fed? \_\_\_\_\_

Dry/wet \_\_\_\_\_

Name of food: \_\_\_\_\_

How often is the cat fed? \_\_\_\_\_

Where is the cat fed? \_\_\_\_\_

Where is the water in relation to the food and in what kind of container?

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Is the cat food orientated? \_\_\_\_\_

Is there a particular food that the cat enjoys? \_\_\_\_\_

Indoor/outdoor? \_\_\_\_\_

Does the cat have access outdoors? \_\_\_\_\_

If so how does the cat access outside? \_\_\_\_\_

Cat flap/ door/ window? \_\_\_\_\_

If a cat flap what type? \_\_\_\_\_

How long does the cat spend outside in winter? \_\_\_\_\_

Summer? \_\_\_\_\_

How the cat behave when outside?

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**Medical history: note chronic or serious conditions; ongoing medication/management and note any history of unexplained gastrointestinal/skin problems.**

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Is the cat ever lame/stiff/sore/limping?

Radiographic evidence?

Results of palpation/exam:

Onset puberty if known:

Age neutered

Related to problem?

Pseudopregnancy signs?

**The Environment**

House: type

Garden

Any idea of cat's range?

Family members:

Children and ages:

**Other Pets**

Name

Species

Breed

Age

BIOP

Sex

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**Relationship With Patient**

Does the cat enjoy being groomed? \_\_\_\_\_

What is used to groom the cat? \_\_\_\_\_

Does the cat have a litter tray? \_\_\_\_\_

If so what type (e.g. open/closed) \_\_\_\_\_

How many litter trays are there and where are they?  
\_\_\_\_\_

Litter type? \_\_\_\_\_

How often cleaned (i.e. how often is the soiled litter removed)? \_\_\_\_\_

How often is the whole tray cleaned out? \_\_\_\_\_

What kinds of games does the cat play?  
\_\_\_\_\_

Does the cat use a scratching post? \_\_\_\_\_

What kind of post is it – i.e. horizontal/vertical/how tall? \_\_\_\_\_

Or scratch anywhere else? \_\_\_\_\_

Does the cat have access to high areas/hiding areas?  
\_\_\_\_\_

Describe some of these (height; position) \_\_\_\_\_

Does the cat spend much time watching out of the window? \_\_\_\_\_

How does the cat respond to strangers coming into the house?  
\_\_\_\_\_

How does the cat respond to novel items coming into the house?  
\_\_\_\_\_

Any behaviour that only occur when the cat is alone?  
\_\_\_\_\_

Is the cat frightened of anything?  
\_\_\_\_\_

Where does the cat choose to sleep? \_\_\_\_\_

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**Include plan of house and any areas of particular concern such as spraying/toileting areas/areas where scratched/where the litter tray is and the food and water**

**Problem** \_\_\_\_\_

**Concerns** \_\_\_\_\_

**Onset** \_\_\_\_\_

**Progression** \_\_\_\_\_

**What has already been tried?** \_\_\_\_\_

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