Please complete and return via email, fax, or drop-off at least 2 days before your appointment

Email: **intakeforms@sfspca.org**

Fax: (415) 962-2495

201 Alabama Street, San Francisco, CA 94103

Client Name: _____   Pet Name: _____

Veterinarian name & number (if applicable): _____

Primary Problem Statement
Please describe the problem using several sentences. Be brief, but provide specifics as to the behavior which needs to be addressed. Please note that although your cat may have multiple problems, we need to focus on one (or two problems if related to each other) during the appointment.

Please describe **(in detail)** the first incident, the most recent incident, and any other incidents where your cat exhibited the problem behavior. Include dates if possible.

Describe the first incident:	
Date of the incident:	Pet age at the time of the incident:

Describe the most recent incident:	
Date of the incident:	Pet age at the time of the incident:

Describe any other incidents that you feel illustrate the problem behavior:

Date of the incident:	Pet age at the time of the incident:

If you would like to describe other incidents please do so in the space provided below.

Have you noticed any patterns or other information about the behavior problem which may be important? Please briefly describe.

What have you tried so far to correct the behavior problem?

Please list all people who interact with your cat on a regular basis:

Person Name	Age (optional)	Relationship (e.g., spouse/partner, son, cat walker, etc)

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What was your cat's age at the time it was acquired by you?

Source of pet:

☐ Show breeder   ☐ Hobby breeder   ☐ Shelter/rescue

☐ Pet store   ☐ Previous owner   ☐ Other:_____

Daily Activities and Routines

Please describe your cat's typical diet in the table below

Type of Food	Brand	Percentage of Diet
Dry food		
Canned food		
"People" food		
Supplements or treats		

List any other household pets in the order they came into the household. **Notate today's patient with a star***

Pet Name	Species / Breed	Age	Sex	Relationship

Have you had other cats before?

☐ No, this is my first   ☐ Yes, grew up with   ☐ Yes, as an adult   ☐ Yes, currently

Type of residence:

☐ Apartment   ☐ Condo   ☐ Private House

When and where is the cat fed? _____

Who usually feeds the cat? _____

How long is food available? _____

On an average day:

- Does your cat go outside? (YES/NO)

- If YES, how much time per day does s/he spend outside? _____

- Where?

Describe the personality of your cat **as a kitten** from the options below. You can choose multiple answers.

☐ Friendly to family members	☐ Aggressive to family members	☐ Aggressive to strangers	☐ Friendly to strangers
☐ Shy to strangers	☐ Extremely submissive	☐ Happy, outgoing	☐ Fearful of environment
☐ Aloof	☐ Anxious	☐ Hyper-excitable	☐ Inhibited
☐ Fearful of noises	☐ Do not know	☐ Other, please describe:	

Describe the personality of your cat **today** from the options below. You can choose multiple answers.

☐ Friendly to family members	☐ Aggressive to family members	☐ Aggressive to strangers	☐ Friendly to strangers
☐ Shy to strangers	☐ Extremely submissive	☐ Happy, outgoing	☐ Fearful of environment
☐ Aloof	☐ Anxious	☐ Hyper-excitable	☐ Inhibited
☐ Fearful of noises	☐ Do not know	☐ Other, please describe:	

Who does your cat spend the majority of his/her time playing with? (e.g., you, your partner, your child, a cat, by himself, etc.)

List the different ways your cat attracts your attention when he/she wants something:

Where does your cat sleep at night? _____

How many hours per day (not including sleeping at night) does your cat spend alone? _____

Describe the primary ways in which your cat exercises on a regular basis, specify length of time (e.g., plays with toys alone for 20 minutes three times weekly, plays with me – 10 minutes two times weekly)

Please list any major illnesses or surgeries including their date of occurrence:

Please list all medications, supplements, and herbal remedies:

Medication	Dosage (e.g., 20 mg)	Frequency	Date Started

Does your cat have a history of Urinary Tract Disorder (UTI)? (YES/NO)

If YES, please describe the diagnoses, treatment, response, and their approximate dates.

Number of times/day cat urinates: _____   ☐ Do not know

Number of times/day cat defecates: _____   ☐ Do not know

Posture of cat when eliminating **in litterbox**:

☐ Squatting   ☐ Standing/treading   ☐ Do not know   ☐ Other:_____

Posture of cat when eliminating **outside of litterbox**:

☐ Squatting   ☐ Standing/treading   ☐ Do not know   ☐ Other:_____

Location(s) of HORIZONTAL inappropriate elimination:

Location(s) of VERTICAL inappropriate elimination:

Products used to clean inappropriate eliminations:

How many litterboxes are in the house? _____

Describe each of your litterboxes given the parameters below:

	Box 1	Box 2	Box 3	Box 4
Covered				
Size				
Location				
Depth				
Type of litter				
Scented?				
Liner				
Other products added				
Frequency scooped				
Frequency cleaned				
Product to clean				
Number of cats sharing box				
Cover urine or feces in box				
Dig/scratch in box				
Dig/scratch out of box				

Aggression triggers:

How does your cat react to the following:	Happy	Neutral	Fearful/ Anxious/ Submits	Hiss	Growl	Swat/ Bite	Do not know
Other cat in household	☐	☐	☐	☐	☐	☐	☐
Cats outside—through window	☐	☐	☐	☐	☐	☐	☐
Cats outside—direct contact	☐	☐	☐	☐	☐	☐	☐
Adults petting cat	☐	☐	☐	☐	☐	☐	☐
Children petting cat	☐	☐	☐	☐	☐	☐	☐
Household dog	☐	☐	☐	☐	☐	☐	☐

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Anxiety triggers:

How does cat react to following:	Happy	Neutral	Fearful/ Anxious/ Submits	Hiss	Growl	Swat/ Bite	Do not know
You leaving	☐	☐	☐	☐	☐	☐	☐
You returning	☐	☐	☐	☐	☐	☐	☐
Car rides	☐	☐	☐	☐	☐	☐	☐
Stranger approaching car	☐	☐	☐	☐	☐	☐	☐
Vacuum cleaner	☐	☐	☐	☐	☐	☐	☐
Broom	☐	☐	☐	☐	☐	☐	☐
Thunder	☐	☐	☐	☐	☐	☐	☐
Loud noises	☐	☐	☐	☐	☐	☐	☐

What is your goal for you as well as your cat for this appointment?

Treatment Consent:
By signing below, I am freely assuming the risk and do not hold the SF SPCA, or its clinicians, technicians, agents, or employees liable for any injury which may occur to handlers, pet, other people, animals or property while using their behavior modification and/or medication recommendations.

I, _____ have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of the SF SPCA animal hospital.

Signed: _____   Date: _____