

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

Email: intakeforms@sfpca.org

Fax: (415) 962-2495

201 Alabama Street, San Francisco, CA 94103

Client Name: _____ Pet Name: _____

Referred by and Veterinarian name (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.

How old was your cat when he/she first demonstrated this problem?

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

Describe the <u>first</u> incident:	
Date of the incident:	Pet age at the time of the incident:

Describe the <u>most recent</u> incident:	
Date of the incident:	Pet age at the time of the incident:



Household Information

Residence type:

Apartment	Condo	Private House
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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)

List any other household pets in the order they came into the household:

Pet Name	Species / Breed	Age	Sex	Relationship

Patient Information

Please list any major illnesses or surgeries and their approximate dates:

Please list all medications, supplements, and herbal remedies:

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

How old was the cat when you first acquired it?

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

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

Where did you obtain your pet from? (e.g., show breeder, hobby breeder, shelter/rescue, pet store, previous owner, other)

Daily Activities and Routines

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.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Friendly to family members | <input type="checkbox"/> Aggressive to family members | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Friendly to strangers |
| <input type="checkbox"/> Shy to strangers | <input type="checkbox"/> Extremely submissive | <input type="checkbox"/> Happy, outgoing | <input type="checkbox"/> Fearful of environment |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Anxious | <input type="checkbox"/> Hyper-excitable | <input type="checkbox"/> Inhibited |
| <input type="checkbox"/> Fearful of noises | <input type="checkbox"/> Do not know | <input type="checkbox"/> Other, please describe: | |

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Friendly to family members | <input type="checkbox"/> Aggressive to family members | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Friendly to strangers |
| <input type="checkbox"/> Shy to strangers | <input type="checkbox"/> Extremely submissive | <input type="checkbox"/> Happy, outgoing | <input type="checkbox"/> Fearful of environment |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Anxious | <input type="checkbox"/> Hyper-excitable | <input type="checkbox"/> Inhibited |
| <input type="checkbox"/> Fearful of noises | <input type="checkbox"/> Do not know | <input type="checkbox"/> 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 s/he 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)

Has your cat ever bitten anyone? (YES/NO)

If YES, please list names of people s/he has bitten, and how many incidents have occurred.

Have the bites ever required medical care? Please describe.

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



Have you noticed any patterns or other information about the behavior problem which may be important (please briefly describe)?

What is your goal for you and 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 Veterinary Hospital.

Signed: _____

Date: _____

