

BEHAVIOR DEPARTMENT PROBLEM INFORMATION SHEET - CAT

Email to: behavior@placerspca.org Fax to: (916) 782-8655

DATE:	<u></u>		
OWNER INFORMATION First N	Jame: Las	Last:	
Home Address:	City:	Zip:	
Phone - Home:	Work:	Cell:	
Email:			
In Household, Number of Adults:	Children's ages:		
Brief Description of the Problem: _			
Frustration Level (with behavior):	☐ None ☐ Somewhat ☐ Ver	y	
When did this behavior start?			
☐ House ☐ Apartment ☐ Townhouse/Condo ☐ Levels ☐ Own ☐ Cat Door ☐ Cat Fence ☐ Enclosed Patio Where is the favorite place for your cat to hang out when alone? Where is the favorite place for your cat to hang out when you are home? How many hours is your cat left alone each day? Where does your cat sleep at night? How are weekends/holidays	Always with you Follows you from room to room In another room by itself, by choice Kept outside Other:	With familiar cats Fearful Playful Threatens Disinterested With unfamiliar cats Fearful Playful Threatens Disinterested With familiar dogs Fearful Playful Threatens Disinterested With familiar dogs Fearful Playful Threatens Disinterested With unfamiliar dogs Fearful Playful Threatens Disinterested With familiar adults Fearful Playful	
NOTES	☐ Furry mice ☐ String ☐ Paper bags ☐ Sisal toys ☐ Catnip ☐ Squeaky toys ☐ Scratching post/kitty condo ☐ Other FEEDING SCHEDULE Brand? ☐ Type: ☐ How much? ☐ Free feed ☐ Times per day ☐ Finishes each meal ☐ Supplements ☐ Table scraps	☐ Threatens ☐ Disinterested With unfamiliar adults ☐ Fearful ☐ Playful ☐ Threatens ☐ Disinterested With familiar children ☐ Fearful ☐ Playful ☐ Threatens ☐ Disinterested With unfamiliar children ☐ Fearful ☐ Playful ☐ Threatens ☐ Disinterested	