

# Hippocampus Online

## How did you hear about this service?

Shannon

I agree to allow members of the "Land on Your Feet (LYF) Cat Behavior Consultant Mentorship" to attend my session for educational purposes.

I Agree

I agree to allow members of the "Land on Your Feet (LYF) Cat Behavior Consultant Mentorship" to review this history form for educational purposes.

I Agree

## Terms and Conditions

Accepted

## About This Cat's Legal Owner

### Name

Crystal Collette

### Email

ccoll79@gmail.com

### Where does this cat currently live

Lowville, Ny  
United States

## About This Cat

(if more than one cat is involved, describe primary cat)

### Cat's Name

Timber

### Breed or mix (if known)

Mix

### Current Age

5 years

### Declawed

No

## Sex

Female

## Where did you get this cat?

A friend rescued her. I don't know much about her living situation prior to that.

## Describe what you know about this cat's history?

She was living with two other cats with a couple who are developmentally disabled. She had a report infection when she came to us. She is very friendly and social. Very brave.

## How long has this cat lived with you?

One montg

## Describe all HUMANS in this cat's life

	First name	Age	Pronouns	Relationship (love, tolerates, dislikes, other)	Contact (live together, visits), other
1	Crystal	45	She/her	Loves	Live together
2	Daniel	43	He/him	Loves	Live together
3	Cydnie	21	She/het	Likes	Pet sitter
4					
5					

## Describe all ANIMALS in this cat's life

	Name	Age	Cat, dog breed, other?	Relationship (ex: Love, tolerate, dislike, other)	Contact (live together, visits, other)
1	Matilda	13	Cat	Tolerates	Live
2	Buggy	4	Cat	Dislike	Live
3	Ranger	4	Dog	Likes	
4					
5					

## Concerning Behaviors

### Most concerning behavior

Describe behavior: Going to the bathroom outside litter box

how often?: Several times a week

What triggers it?: Unsure

What have you tried?: Set up new boxes, one in area she has been going. Sprayed Natures Miracle. Boxes in 3 areas of the house.

Did it improve?: For a day she has been using new boxes

## Health/Nutrition

### Have you discussed any behavior concerns with your vet? What advice did they give, if any?

No

### Date of most recent exam

A month ago. Scheduled for spay in two weeks

### What occurred during the exam? (check all that apply)

Physical exam

Bloodwork

Vaccinations

### List any medications, supplements, etc. (including dosage)

None currently

### List any current or past injuries or illnesses

Respiratory inf

### List any food sensitivities or allergies

No

### What brand(s) of food do you feed?

Liberty dry cat food chicken digestive health

## Lifestyle

How do you typically reward good behavior? (check all that apply)

Petting

Verbal praise

Toys/play

How do you typically punish/correct unwanted behavior? (check all that apply)

I don't

Does cat go outside?

Only when supervised

Cat's typical exercise on an average day

Activity(ies): Playing inside. Walks on leash around yard

For how long?: 30 min day

How intense?: Loves to play

How often?: Daily

What does your cat have access to? (check all that apply)

	None	one	Multiple in one room	Multiple throughout home
scratcher		✓		
cat tree		✓		
litter box				✓
Water fountain				✓
enclosed deck/porch/catio		✓		
Food puzzle(s)	✓			

Describe feeding

	Dry/kibble	Canned/pouch	Homemade	Raw
NA				
Free choice				
Scheduled	✓	✓		
Via puzzle toy				

## Cat-Cat Conflict

### Is this cat having issues with another cat?

Yes

### Describe the other cat involved

Name of other cat: Buggy

Age: 4

Sex (neutered?): Yes

How long lived together?: 1 month

List health concerns: None

List any meds: None

### Describe the current living situation

Are they separated?: No

If so, how & when?:

Ever together unsupervised?: All the time

Any injuries from fights?: No

Who is usually harassing the other?: Buggy runs from timber. They do not fight

## Litter Box Details

### Is your cat eliminating outside of the box

Yes

### What materials is cat URINATING on?

Linoleum or laminate

### WHERE in the home is the urine occurring?

Areas where family spends time

### How would you describe the urination?

Small puddles on flat or horizontal surface

### What materials is cat DEFECATING on?

Tile

### WHERE in your home is the feces occurring?

Kitchen

## How would you describe the defecation?

5. Very moist but has a distinct shape, Present in piles rather than logs, Leaves residue on ground and loses form when picked up

## Describe your litter boxes

	Location in home	Dimensions	Style (covered, top entry, auto, brand if any, etc)	Type of litter
Box 1	Kitchen		Covered front entry	Worlds Best
Box 2	Basement			Worlds best
Box 3	Basement			Worlds best
Box 4	Mud Roo			Worlds best

## Describe the litter you use

	Brand	Scented?	Material (Clay, corn, paper, etc)	Regularly try new kinds
In box 1	Worlds best	Yes	Corn	No
In box 2				
In box 3				
In box 4				

## How often do you scoop?

Once daily

## Aggression

### Is your cat displaying aggression toward humans?

No

### What types of injuries have occurred? (check all that are relevant)

Medical care required

### Is there anything else you'd like to add?

Teddy, an older cat we had, died two weeks ago. Just after we got Timber. She and he seemed to connect instantly.

## Donation

A donation is required in attempt to decrease "no-shows".

You will be asked to indicate where your payment should be directed.


## Donation

### Payer Information

Crystal Collette

### Transaction ID

1XJ15173E1460553T

Description	Amount
	<b>Pay for Your Cat Call</b> where your donation will be sent.: Sioux Empire TNR Coalition (spay/neuter forCommunity Cats) \$25.00 x 1
<b>Total</b>	<b>\$25.00</b>

### Payment Methods

Paid by Card Fields