



142/144 Hospital Hill
Dunfermline
KY113AU
Tel: 01383 722818
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Email: healthypets@inglismvets.com

INGLIS VETS OSTEOARTHRITIS IN CATS

Client questionnaire to identify cats with mobility problems

When answering the questions, it is important you only circle one answer (where applicable). If you are unsure of an answer, please speak to a member of staff.

Owner's Name:

Pet's Name:

Client number:

Breed of pet:

Pet's age:

Sex: Male () Female ()

1. Does your cat have any medical conditions?

No () Yes () if yes please list:

2. List any current medications that your cat is receiving:

3. Have you noticed any changes in your cat's mobility (ability to move around, jump and play)?

Yes: When did you notice this change?

Up to 3 months ago () 3-6 months ago () over 6 months ago ()



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10. Does your cats still manage to jump up/ down from high places e.g. windowsill/ kitchen worktop etc. without any struggle/ hesitations before jumping up/ down? Do they try and find alternative/ easier routes to get to their destination?

11. Does your cat still manage to groom themselves? Are there certain areas of their coat that are over groomed/ under groomed or tatty/matted?

12. Does your cat still manage to use the litter tray without any discomfort (have there been any accidents/ an increase in the number of accidents)?

13. If your cat goes outdoors, are they still keen to do so?

14. Are they as active as they used to be when going outdoors?

15. Was your cat a hunter? Do they still hunt?

16. Is there any changes in your cats eating habits?



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Score chart:

Please rank the following on a scale of 1 to 5:

1= normal/no change 2= possibly a bit abnormal, 3=abnormal, 4= very abnormal, 5= could not be worse

17. How is your cat's mobility in general?

1 2 3 4 5 Not sure

18. How happy is your cat when they are being handled/ stroked?

1 2 3 4 5 Not sure

19. How able is your cat to jump up/ down of higher surfaces (kitchen worktop/ windowsill etc.) without any hesitations/ finding an easier route to get to said destination?

1 2 3 4 5 Not sure

20. What is the severity/ frequency of vocalisations associated with pain?

1 2 3 4 5 Not sure



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21. How is your cat's ability to use their litter tray without discomfort? Please consider their ability to get in and out of the litter tray, their ability to dig the litter and posture to urinate/defecate

1 2 3 4 5 Not sure N/A, no litter tray

22. What is your cat's willingness to play with favourite toys?

1 2 3 4 5 Not sure

23. What is your cat's ability to eat food without any discomfort?

1 2 3 4 5 Not sure

24. How is your cat's ability to climb/ descend stairs?

1 2 3 4 5 Not sure N/A – no stairs at home

25. How able is your cat to groom themselves? Please consider your cat's coat condition (eg matts) as well as observations you can make on their grooming behaviour when you are with them

1 2 3 4 5 Not sure

Many thanks for taking the time to complete this questionnaire. Please hand completed questionnaire to member of veterinary staff for interpretation.



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