

Feline behaviour questionnaire

Date:

Owner details

(Mr/Mrs/Miss/Ms) Surname/Family name:

.....

First name or Initials:

Address:

.....

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Postcode:

Phone (day).....(evening).....

(mobile).....

Email.....

Are you covered by a pet insurance policy? If so, please give details:

Please include as much information as possible. The more detail available, the more accurate our assessment of the case can be. Please use additional sheets where necessary.

Have you owned a cat before? Yes No

Have you owned this breed of cat before? Yes No

Have you owned other pets previously? Yes No

Please list other current household pets

Type and breed	Name	Age	Spayed/neutered?	Relationship with cat (e.g. avoids, plays, fights)

Please list the names, ages and occupations of other family members who live at home

Name	Age	Occupation

Patient details

Name Breed

Sex Male Female Male neutered Female spayed

Date of birth.....Age when obtained (if known)

Microchip no.....Microchip location.....

Date first acquired.....Source

Feline behaviour questionnaire

Reason(s) for obtaining this cat

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Has the cat ever been used for breeding? Yes No If yes, at what age?.....

How would you describe your cat's personality?.....

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Do you consider your cat to be:

- Aggressive? (growling, hissing, scratching, nipping or biting in any circumstances)
 Destructive? Hyperactive/restless? Disobedient? Litter trained?
 Nervous? Excitable? Noisy/excessive vocalization?
 Depressed? Demanding attention? Playful?

Medical history

1. Please give a brief medical history, especially recurrent problems (such as fur balls and fight injuries) and treatment. Use an extra sheet if necessary

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2. Vaccination status

3. Date last wormed

4. Is your cat currently on any regular medications (such as allergy medication, herbal or homeopathic remedies)?

Drug/remedy	Dose

5. Has your cat been on medication for their behaviour in the past? If yes, please list name and dosage (include herbals and homeopathics)

Drug/remedy	Dose

6. Is your cat on any medication for their behaviour now? If yes, please list name and dosage (include herbals and homeopathics)

Drug/remedy	Dose

Early history

1. Please give details of the cat's early life, if known, including litter size, age of weaning, age when obtained, whether raised outside or indoors, if orphan or stray, whether hand-reared, etc.

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3. Is your cat quick to approach new people? Yes No

4. Has your cat ever bitten anyone? Yes No

If yes and this is NOT the primary complaint, please give brief details of circumstances.....

If yes and this IS the primary complaint, please complete section 'Aggression'

5. Please fill in details of any regular visitors to the home

Name (if known)	Purpose	Time and days	Cat's reaction

6. What is the cat's response to other visitors?

Frequent visitors	Occasional visitors	Rare visitors

7. Please describe your cat's reaction to each of the following:

	In the home	Out of the home
Familiar men		
Familiar women		
Familiar children		
Unknown men		
Unknown women		
Unknown children		
Familiar dogs		
Unknown dogs		
Familiar cats		
Unknown cats		

Other behaviours

1. When does your cat miaow?

2. When does your cat growl?

3. When does your cat purr?

4. Is your cat aggressive when denied something they want? Yes No

5. Does your cat ever show inappropriate mounting or other sexual activity? Yes No

If so, to whom or what?

6. Does your cat Tolerate, Enjoy or Resist: Handling Tolerate Enjoy Resist

Grooming Tolerate Enjoy Resist

7. Does your cat lick or chew on themselves more than you would expect? Yes No

8. How do you correct your cat when they misbehave?.....

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17. Have you recently changed the litter material or cleaning solution used? Yes No

18. How often do you provide a completely new box?

Problem details

19. Is the cat leaving faeces, urine or both outside the litterbox? Faeces Urine Both

20. How often does this occur? Once a week Once a month
 Once a day Always

21. What time of day do you usually find the urine or faeces outside the litterbox (a.m., p.m., before work, overnight, etc)?

22. How big is the spot of urine?

23. How many times a day does your cat defecate?

24. Do you recall the first time you found urine or faeces outside of the litterbox? Yes No

If yes, please provide the details surrounding the incident?

25. Where is the cat depositing urine/faeces outside the litterbox? Please list the room/rooms and all the locations in the room/rooms. Also specify if the deposits are found near windows, doors, plants, furniture, etc. How many spots/deposits are there in a given room?

Room	Locations	Number of spots/deposits

26. Please draw a floor plan of the house, noting litterbox location and sites of urination and/or defecation outside the litterbox. Please also include resting places in cases of conflict between cats and indicate any specific locations of such conflict

27. Has there been a change in litterbox location? Yes No

If yes, how recent was this?

From where to where?

28. Has there been a change in litter type? Yes No

If yes, how recent was this?

From what to what?

29. Has there been a change in litterbox cleaning routine? Yes No

Is the box cleaned Less or More often? Less often More often

30. When the problem first began, can you recall any unusual incident or anything that might have upset the cat? (For example, moving house, new roommates, unusual noises, new work hours, addition of another pet, a new baby, food changes)

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31. Have there been any recent changes in your personal routine?

32. Have there been any recent changes in living arrangements?

33. Have you ever caught the cat depositing urine or faeces outside the litterbox? Yes No

What was your response?

What was the cat's response?

34. What posture does the cat assume when urinating or spraying outside the box? Standing Squatting

35. Where is the urine located? On the floor On the walls about 6 to 8 inches up from the floor?

36. Is this Spraying or Urination? Spraying Urination?

37. Are there many cats outdoors in the immediate vicinity of your cat? Yes No

38. Is your cat agitated by the presence of other cats? Yes No

39. Are you the cat's first owner? Yes No

If no, were there similar problems in a previous home? Yes No

40. If you have more than one cat, are there additional litterboxes? Yes No

How many?

Where are they?

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3. How would you ideally like your cat to be?.....
4. Under what circumstances would you consider euthanasia?.....
5. What is your expectation for change?.....
6. Is there anything else you would like to add about your cat and its behaviour?.....

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Please give any other information you think is relevant to the case

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Questionnaire completed by (print).....

SignatureDate