



## PRE-CONSULT QUESTIONNAIRE CAT

### Section 1:

#### Aim of the questionnaire:

The main aim of this questionnaire is to provide us with preliminary information about your cat, prior to you visiting the clinic.

We will use this questionnaire to form the basis of the consultation. It will also allow us to tailor an appropriate weight management regime for your pet's circumstances.

If you are uncertain of the meaning of any particular question, don't worry: we can clarify this during your visit.

Also, if you would prefer not to answer any question, please feel free to leave it blank.

Your Surname : \_\_\_\_\_ Animal's Name: \_\_\_\_\_

### Section 2:

#### About your cat

Breed : \_\_\_\_\_

Age : \_\_\_\_\_ years \_\_\_\_\_ months

Sex/status (e.g. Male/Neutered): \_\_\_\_\_

Please let us know of any illnesses your cat has suffered in the last twelve months.

\_\_\_\_\_

**Section 3:**

**Feeding and treating**

How many meals (food put into the feeding bowl) does your cat have on a normal day?

(Please tick those relevant)

1  2  3  4  Other  food left out all day

What does your cat's diet consist of? (Please tick those relevant)

Pre-prepared moist Pet Foods (e.g. canned/pouch)   
Pre-prepared Complete Dry Foods   
Home Prepared Food (e.g. fresh meat, fish)   
Table Scraps (e.g. meat, fish)   
Purchased Snacks and Treats   
Other (Please specify below)

\_\_\_\_\_

What brand/name of food do you feed your cat? (Please list all products used)

\_\_\_\_\_

How do you measure out your cat's food?

Estimate amount   
Measuring scoop/cup   
Weight it   
Other (please specify below)

\_\_\_\_\_

What does your cat drink? (Please tick those relevant)

Water  Milk  Other (Please specify below)

\_\_\_\_\_

Does your cat ask for food?

Yes  No

If your cat does ask for food, how often does he/she do this?

Several times a day   
Once or twice a day   
Less than once a day

Does your cat hunt?

Yes  No

Does your cat bring prey back to the house?

Yes  No

#### Section 4:

#### Exercise and Behaviour

Does your cat have restricted access to outdoors?

Yes  No

If yes, when do you confine your cat to the house?

During the night   
When owners are out at work   
During the day when owners are at home   
Other – please specify

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How much time (if any) does your cat spend outside per day?

Less than 1 hour   
1 – 3 hours   
3 – 6 hours   
More than 6 hours

How many hours would your cat be left alone on an average day?

(Please tick most relevant box)

0-2  2-5  6+

Does your cat ever hide within the home?

Yes  No

If yes, where does the cat hide? (Please specify)

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Does your cat play on its own?

Yes  No

Does your cat have restricted access to outdoors?

Yes  No

If yes, how often?

More than once a day	<input type="checkbox"/>
Once a day	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
More than once a week	<input type="checkbox"/>

Do you play with your cat?

Yes  No

If yes, how often?

More than once a day	<input type="checkbox"/>
Once a day	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
More than once a week	<input type="checkbox"/>

What sort of toys does your cat prefer?

Balls	<input type="checkbox"/>
Fishing toys	<input type="checkbox"/>
Rolled up paper	<input type="checkbox"/>
Clockwork toys	<input type="checkbox"/>
Catnip	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

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How many hours per day does your cat sleep?

Less than 12 hours  
More than 12 hours

<input type="checkbox"/>
<input type="checkbox"/>

Overall, how active is your cat? (circle appropriate)

Very inactive 0 1 2 3 4 5 6 7 8 9 10 Very active

Rarely if ever exercises,  
and does the minimum necessary.

Frequent exercise, always  
on the go, very energetic  
when playing

### Section 5:

#### Environment

Where do you and your cat live?

In an apartment with a yard or garden  
In an apartment without yard or garden  
In a house with a yard  
In a house with a garden  
In a bungalow with a yard or garden  
In a bungalow without a yard or garden

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Who cares for your cat at home?

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If you have more than one cat in your household, do they share resources such as;

(tick those relevant)

Feeding stations  
Watering sources  
Resting places  
Litter trays

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Thank you – please bring the completed questionnaire with you to your consultation.