Feline Behaviour Questionnaire

Date:

**The easiest way to fill out the form is to download it, type in your answers, save as a WORD document then email back to us.**

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.

**Client Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |

**Your Pet’s Veterinarian Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |

**Referral Details:**

How did you find us? please circle and provide a name if applicable:

Vet Referral Google/internet search Advertisement

Trainer Referral Friend Referral

**Patient Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Sex |  |
| Breed |  | Colour |  |
| DOB and Age |  | Weight |  |

Date first acquired:

Age when obtained:

Date first acquired:

Source:

Reason for obtaining this pet:

Did you meet your cat’s parents?

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** | **Neutered or Entire** | **Relationship with cat**  **(e.g. Plays, avoids, fights)** |
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If you answered ‘fights’ for any of the above, please list the specific situations in which this occurs:

Please list the names, ages and occupations of **ALL** family members **including yourself** who live at home:

|  |  |  |
| --- | --- | --- |
| Name | Age | Occupation |
|  |  |  |
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* **The Current problem**

1. What is the current problem you are having with your pet?

2. When did it begin?

3. How long has it been present?

5. Where does the problem occur?

6. With whom?

7. How often?

8. What has been tried to correct or change the problem?

9. Is the problem getting [ ]Better [ ]Worse [ ]No Change?

10. Do you suspect any cause?

11. Describe the 3 most recent incidents of the behaviour. Use separate pages as required.

**Elimination and marking problems (house soiling)**

Please answer the questions below if the problem is Elimination or marking

1. Does the cat use a litter tray/box? [ ]Yes [ ]No
2. If yes how often?
3. Does the cat use the litterbox for [ ] Urine only [ ] Faeces only [ ] both
4. Does the cat bury its urine? [ ] Yes [ ]No
5. Does your cat bury its faeces? [ ]Always [ ]Usually [ ]Rarely [ ] Never
6. Is there much digging and scratching in and around the litter tray/box? [ ]Yes [ ]No
7. Dose your cat ever eliminate outside the litter tray inside the house? [ ] Yes [ ]No

**Litter Tray /Boxes**

1. How many litter trays are there?
2. What type? [ ] Open tray [ ] Hooded/Covered Tray
3. What shape and size?
4. Where is/are they located?
5. What type of litter material do you use? [ ] Recycled paper [ ] Clumping [ ] Crystals [ ] Sand/soil
6. Do you always use the same brand? [ ]Yes [ ]No
7. Are there odour control granules added? [ ]Yes [ ]No
8. How often is the tray cleared of urine?
9. How often is the tray cleared of faeces?
10. How often is it completely cleared out and washed?
11. What do you use to clean the tray?
12. Have you recently changed the litter material or cleaning solution used? [ ]Yes [ ]No
13. If Yes what was the change and when did it happen?

**Elimination problem Details**

1. Is the cat leaving faeces outside the litter tray? [ ]Yes [ ]No

2. Is the cat urinating outside of the litter tray ? [ ] Yes [ ] No

3. How often does this occur [ ]Once a week [ ]Once a month [ ]Once a day

[ ]Always

4. What time of day do you usually fine the urine or faeces outside the tray?

(e.g. AM, PM, before work, overnight etc)

5. Where is the cat depositing urine/faeces outside the tray? 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 | Urine/Faeces? Or both | Number of spots/deposits |
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6. On the back of this page or if completing online please draw an image and attach (via taking a photo or scanning), please draw a floor plan of the house, noting the litter tray locations and sites of urination and/or defecation outside the tray. Please also include resting places in cases of conflict between cats and indicate any specific locations of such conflict.

7. Has there been a change in litter tray location? [ ]Yes [ ]No

If yes. How recent was this?

From where to where?

8. Has there been a change in letter type? [ ]Yes [ ]No

7a. If yes. How recent was this?

7b.From what to what?

8.Has there been a change in litter tray cleaning routine? [ ]Yes more often [ ] Yes Less Often [ ] No

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

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

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

12. Have you ever caught the cat depositing urine or faeces outside the litter tray? [ ]Yes [ ]No

What was your response?

What was the cat’s response?

13.What posture does the cat assume when urinating or spraying outside the box?

[ ]Standing [ ]Squatting

14.Where is the urine located? [ ]On the floor [ ]On the walls about 15 – 20 cm up from the floor?

15. If urinating outside the tray is the urine? [ ] Normal pool [ ] Small drops [ ] Squirts [ ] Blood tinged

* **Aggression – please fill out if your cat has ever displayed aggression – biting, scratching, growling**

1. Describe the most recent incident and the setting it occurred in (please try to be very precise, as if you were drawing a picture):

-Where was the pet?

-Where was everyone in relation to the pet?

-What was everyone doing before the incident?

-What did the pet do?

-What was the pet’s body posture? Describe the position of ears, tail, face, hair on back, or draw a picture if necessary.

2. What was your reaction to the behaviour?

3. How did the pet react to your reaction?

4. Was there any punishment? Verbal or physical? If yes please describe.

5. If there was a bite wound was it a puncture wound or a tear?

6. Going back in time, describe 3 most recent incidents of the behaviour. Please use additional pages if needed.

7.How frequently dose the problem occur?[ ]times per day, [ 3-4]times per week [ ] times per month [ ]time per year

8. When does the problems occur?

-When left alone? [ ]always [ ]usually [ ]rarely [ ]never ?

- When family members are present? [ ]always [ ]usually [ ]rarely [ ]never

**Medical History**

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

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 |
|  |  |
|  |  |
|  |  |

Has your cat been on medication for his/her behaviour **in the past**? If Yes, please list name and dosage of medications, including herbals and homeopathy.

|  |  |  |  |
| --- | --- | --- | --- |
| Drug/ Remedy | Dose | Commenced | Ongoing/Ceased |
|  |  |  |  |
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**Early History**

1. Please give details of your cat’s early life, if known, including litter size, age of weaning, age when obtained, whether raised outside or indoors, of orphan or stray, whether hand-reared, etc.
2. How much interaction did the kitten have with people in the first year of its life?
3. What method of house training was used?
4. How did you react to any mistakes during house training?
5. Did your kitten attend kitten ‘parties’ or classes? If so, please give details

**Daily Activities**

**Diet and Feeding**

1. What types of food (including brands) do you give your cat?
2. How much does he/she eat a day?
3. When and where is the cat fed?
4. Who feeds the cat?
5. Is his/her appetite good or poor? [ ]Good [ ]Poor
6. Does your cat eat quickly or slowly? [ ]Quickly [ ]Slowly
7. What are his/her favourite foods?
8. How much water does your cat drink each day?
9. How much milk does your cat drink each day?
10. Do you add supplements or tidbits to the diet? [ ]Yes [ ]No (Occasional treat, once a week max)

If yes, why?

**Sleeping and Waking**

1. Where does your cat sleep at night?
2. Where does your cat sleep during the day?
3. Is your cat active at night? [ ]Yes, sometimes [ ]No
4. When does he/she get up in the morning?
5. Does your cat tend to seek out high places to rest? [ ]Yes [ ]No
6. Where can the cat normally be found during the day?

**Going outside**

1. Does your cat have access to a garden or yard? [ ]Yes [ ]No
2. Is access controlled or free through a cat door?
3. How often would you see other cats in your garden? [ ]Daily [ ]Several times per week [ ]Weekly [ ]Rarely
4. How much time is spent outdoors by your cat each day? In summer In Winter
5. Is your cat keen is explore when on its own?

**Roaming**

1. What area is available to the cat to roam? N/A. Indoors only
2. How far does it roam on average? [ ]Stays in garden [ ]May go next door or two [ ]Further ranging
3. Does your cat stay away from home for several days at a time [ ]Yes [ ]No

**Territory**

1. Does the cat defend territory against other cats? [ ]Yes [ ]No

If yes, describe its reaction

**Hunting**

1. Does your cat catch prey and bring it into the house? [ ]Occasionally [ ]Regularly

2. What type of prey does it catch?

**Play**

1. Is your cat playful? [ ]Yes [ ]No
2. Is there any specific time devoted to play and/or training on a daily basis? [ ]Yes [ ]No

If so, how much?

1. Who initiates play: People or the pet?

4. Does your cat come when called or do any tricks? [ ]Yes [ ]No

**Home Alone**

1. Typically, how long is your cat alone without people on any given day?
2. What arrangements are made for the cat if you are away from home such as on holiday?

**Family Routine**

Has there been a change in your household routine such as now work hours, new baby, moving, new house members, visitors, boarding or diet change? [ ]Yes [ ]No

Please give details

**The home environment**

1. What type of home do you have (e.g., flat apartment house)
2. How would you describe your home? [ ] Quiet [ ]Lively [ ]Chaotic
3. What areas of the house does your cat have access to?

* **Interaction with others**

**Reaction to visitors**

1. How does your pet behave when visitors come to the house? (e.g.. Hides, acts interested, interacts with them)?
2. Is the behaviour different towards familiar and unfamiliar people?
3. Is your cat quick to approach new people?
4. Has your cat ever bitten or attacked anyone?
5. Please fill in details of any visitors to the home.

|  |  |  |  |
| --- | --- | --- | --- |
| Individual  (e.g. friend, tradesperson, postie) | Purpose | Time and days  (e.g. Frequent, occasional, rare visitors) | Cats reaction |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. What is the cat’s response to other visitors?

|  |  |  |  |
| --- | --- | --- | --- |
| Frequent visitors | Occasional visitors | Rare visitors | Children |
|  |  |  |  |

**Other behaviours**

1. When does your cat meow?

1. When does your cat growl?
2. When does your cat purr?
3. Is your cat aggressive when denied something it wants? Yes[ ] No[ ]

If yes what is denied and what does your pet do?

1. Does your cat ever show inappropriate mounting or other sexual activity? Yes[ ] No[ ]

If yes, to whom or what?

1. Does your cat tolerate(T) enjoy (E) or resist (R);

Handling [ ]T [ ]E R[ ] Grooming [ ]T [ ]E [ ]R

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

If yes, where on the body?

8. How do you correct your cat when he/she misbehaves?

**Other problems**

What other behaviours does your cat engage in that are objectionable to you?(e.g. scratching, excessive meowing, plant eating)

**You and your pet**

1. How would you describe your relationship with this pet?

Adult owners one **NAME:**

Adult owners two **NAME:**

Children

1. What are your feelings about the pet’s present behaviour?

Adult owners one **NAME:**

Adult owners two **NAME:**

Children

1. Under what circumstances would you consider euthanasia?
2. What is your expectation for change?
3. Is there anything else you would like to add about your pet and its behaviour?

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

Questionnaire completed by:

Date: