

Feline Behaviour Questionnaire

Date: / /20

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.

Owner		Home Phone	
		Mobile	
		Work	

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)

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

Name	Age	Occupation

Patient Details

Name		Sex	
Breed		Colour	
Age		Weight	

Date first acquired: _____
 Age when obtained: _____
 Date first acquired: _____ Source: _____
 Reason for obtaining this pet:

Has the cat ever been used for breeding? Yes No

If yes, at what age? _____

How would you describe your cat's personality? _____

- **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? _____

4. How old was the pet when it began? _____

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 incident 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.

Elimination behaviour

1. Does the cat use a litter tray/box? [] Yes [] No How often? _____

2. Does the cat use the litterbox for [] Urine only [] Faeces only [] Neither

3. Does the cat bury its urine? [] Yes [] No

4. Does your cat bury its faeces? [] Always [] Usually [] Occasionally
[] Rarely [] Never [] Don't know

5. Is there much digging and scratching in and around the litter tray/box? [] Yes [] No

6. Does 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 (eg. Covered, uncovered)?

3. What shape and size?

4. Where is/are they located?

5. What type of litter material do you use?

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 waste material?

9. How often is it completely cleared out and washed?

10. Have you recently changed the litter material or cleaning solution used? [] Yes [] No

Problem Details

1. Is the cat leaving faeces, urine or both outside the litter tray? [] Yes [] No

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

3. What time of day do you usually find the urine or faeces outside the tray?

(eg. AM, PM, before work, overnight etc)

4. 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	Number of spots/deposits

5. On the back of this page, 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.
6. Has there been a change in litter tray location? []Yes []No
If yes. How recent was this?
From where to where?
7. Has there been a change in letter type? []Yes []No
If yes. How recent was this?
From what to what?
8. Has there been a change in litter tray cleaning routine? []Yes []No
Is the box cleaned less or more often? []Less often []More often
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 cats 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?

• **Aggression**

Please answer the questions below if the problem is Aggression.

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? _____
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, []times per week []times per month []times 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

5. 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 homeopathics.

Drug/ Remedy	Dose

6. Is your cat on any medication for his/her behaviour now? If Yes, please list name and dosage of medications, including herbals and homeopathics.

Drug/ Remedy	Dose

• **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? Please state actual weight if known

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

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 []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 dog keen to explore when on its own? _____

Toileting

1. Does your cat ever eliminate outside the litter box inside the house? []Yes []No

If Yes, please fill in the elimination section under current problem at the beginning of this questionnaire.

If No;

2. Do you provide a litter box? []Yes []No

3. If yes, how many? _____

4. Where is/are it/they located? _____

5. Does the cat use the box on a regular basis? []Yes []No

6. How frequently is the box cleared of waste material? _____

Roaming

1. What area is available to the cat to roam?

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? _____

3. 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

1. 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 _____

• **Interaction with Family Members**

The home environment

1. What type of home do you have (eg, 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? _____
4. Please draw on a separate sheet of paper a map of the layout of your home indicating the cat's key areas (eg. Feeding, litter, favourite rest areas). Please indicate any windows through which the cat can see the outside.
5. Is your cat keen to explore? []Yes []No

• **Interaction with others**

Reaction to visitors

1. How does your pet behave when visitors come to the house? (eg. 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 (eg friend, tradesperson, postie)	Purpose	Time and days (eg Frequent, occasional, rare visitors)	Cats reaction

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

Frequent visitors	Occasional visitors	Rare visitors

7. Please describe your dog'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		
Other animals		
Crowds busy areas		

Other behaviours

- 1. When does your cat meow? _____
- 2. When does your cat growl? _____
- 3. When does your cat purr? _____
- 4. Is your cat aggressive when denied something it wants? Yes[] No[]
- 5. Does your cat ever show inappropriate mounting or other sexual activity? Yes[] No[]
If yes, to whom or what? _____
- 6. 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?(eg scratching, excessive meowing, plant eating) _____

You and your pet

- 1. How would you describe your relationship with this pet?
Adult owners (female) _____
Adult owners (male) _____
Children _____
- 2. What are your feelings about the pet's present behaviour?
Adult owners (female) _____
Adult owners (male) _____
Children _____
- 3. Under what circumstances would you consider euthanasia? _____
- 4. What is your expectation for change? _____
- 5. 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 (please print) _____

Signature _____
Date / /20