



CAT BEHAVIOUR QUESTIONNAIRE

Please fill in this questionnaire with as much information as possible. The more detail that is given will enable me to be more accurate in my assessment of the problem and therefore give an appropriate treatment plan and prognosis. Different family members may have different information or aspects to contribute. For this reason it is beneficial if all members of the family are involved in answering the questionnaire, and all different opinions are noted.

Please return the questionnaire and any video footage before the consultation is scheduled.

All information will remain confidential.

Date:

GENERAL INFORMATION:

- Owner's name:
- Address:

- Phone number:
 - Home:
 - Mobile:
 - Work:
- Email address:

- Who is your regular veterinarian?
 - Vet's name:
 - Clinic name:
 - Phone:
 - Address:

- How did you hear about our services?

PET INFORMATION

- Pet's name:
- Breed:
- Date of birth:
- Weight:
- Sex: Male Female
 - Desexed? Yes No
 - If so, at what age?
 - Any change after desexing?

- Where did you get this cat?

- Why did you choose this particular cat?

- How old was your cat when you acquired it?

- If from a litter, why did you choose this particular cat over the others?

- Did you meet the parent's of your cat?

Mother Yes No Father Yes No

If yes please describe their behaviour?

- Has your cat had any previous owners? Yes No

If yes, how many?

Why was the cat given up?

- Describe your cat's behaviour as a kitten:

- Describe your cat's behaviour now:

- Has your cat had any treatment for his/her behaviour in the past?

Yes No

If yes:

- Who by:
- When:
- What type of treatment:

- Was it useful?

MEDICAL HISTORY

- Describe your cat's appetite:
 Very hungry normal fussy decreased
- Is there any change in the amount your cat is drinking?
 Increased Decreased unchanged
- Are there any changes in your cat's stool? Yes No
- Is your cat **currently** on any medication for medical problems?
 Yes No

If yes, list medications, including dose, frequency, and duration

- Has your cat **previously** been on any medication for medical problems?
 Yes No

If yes, list medications and the reason

- Does your cat have any apparent painful conditions (eg. dental disease, arthritis, ear/skin conditions)?
 Yes No

If yes, please list

- Is your cat currently on any medication for its behaviour problem?

Yes No

If so, please list all medications including dose, frequency, and duration

What response has there been to the medication?

HOUSEHOLD ENVIRONMENT

- Please list the people, including yourself, currently living in the household:

Name	Age (adult/child)	Occupation	Hours spent away from home

- How does your cat get along with each family member?

- Please list all the animals currently living in the household. Please list in order of when they were obtained.

Name	Breed	Sex/desexed	Age obtained	Age now

- What is your cat's relationship to each of the animals? How do they all get along? Please describe:

- What type of area do you live in:
 - Suburbs
 - Rural
- What type of home do you live in:
 - Unit/townhouse/flat
 - House with small yard
 - House with large yard
 - House with acreage

- Has your household changed since acquiring your cat (people or animals)?

Yes No

If yes, please describe:

- Have you moved since acquiring your cat? Yes No
 - If yes, how many times?
 - How long since the last move?
- Who feeds the cat?
- Who plays with the cat?
- Who grooms the cat?
- Who gives treats?

DAILY SCHEDULE:

- Where does your cat spend the majority of its time:
 - When you are home
 - When you are out
 - During the night
- Typically how long is your cat left alone during the day?
- What does your cat do as your prepare to depart?
- How does your cat react when you get home?

- Where does your cat sleep
 - Day
 - Night
- When do you feed your cat?
- What do you feed your cat?
- Where do you feed your cat?
- Where is the cat when you eat?
- Please list your cats favourite food treats and toys:

- Do you play with your cat? Yes No
If so, how do you play with your cat?

How often do you play with your cat?

Which members of the family play with your cat?

- Is your cat 'leash' trained? Yes No
- Does your cat have a cat flap? Yes No
 - If yes, does your cat use it?
- How does your cat signal that it wants to go outside?
- When your cat is outside is it:
 - Unsupervised On leash Supervised In a cat enclosure

- Does your cat willingly explore its surroundings when on its own?
 Yes No
- What is your cat's typical daily routine? Please describe a typical 24 hour day.

- Does your cat know any tricks? Yes No

Please describe:

- How do you correct your cat when he/she misbehaves? Is the method used effective?
- How would you describe your cat's activity level?
 Excessive High Average Low

INTERACTION WITH PEOPLE/ANIMALS:

- Describe your cat's reaction to the following situations:
 - Familiar visitors (children or adults)
 - Unfamiliar visitors (children or adults)
 - At the veterinary clinic
 - Nail trimming
 - Restraining on your lap
 - Giving pills
 - Grooming
 - Patting/stroking
 - Lifting/carrying
 - Bathing

- Does your cat respond differently to different family members?

- How does your cat respond when visitors come to the house?
 - Is the behaviour different towards familiar and unfamiliar people?

- When does your cat hiss or growl?

- How does your cat behave when it sees other cats through the window or in the yard?

- Has your cat ever bitten or attacked anyone?
 - Yes
 - No

If so, please give details:

- Does your cat show signs of fear? Yes No
 - If yes, please list all situations? Give as much detail as possible.

SOCIAL BEHAVIOUR:

- How would you describe your relationship with your cat?

- How would you describe other members of the family's relationship with your cat?

- Does your cat respond to any commands?
- List any tricks that your cat can perform?

- Does your cat groom itself? Yes No
 - If yes, does it appear to be normal, excess or less than expected?

- Are there any situations/times of the year that cause grooming to increase? Yes No
 - If so, please describe:

- Does your cat have a scratching post? Yes No
 - If yes, does your cat use it, and how often?
 - What material is the scratching post made from?

- Does your cat scratch any areas/objects other than the scratching post or play areas? If so, where and how often?
- Does your cats skin 'ripple'? Yes No
- Does your cat mount people? Yes No
 - If yes, whom does he/she mount?
 - Are there any particular circumstances in which your cat mounts?
- Does your cat mount other cats? Yes No
- Does your cat mount other animals or objects? Yes No

ELIMINATION BEHAVIOUR:

- Does your cat use a litter tray? Yes No
- Does your cat ever eliminate inside the house, but:
 - Urinate outside the litter tray? Yes No
 - If yes, how often? (Circle one)
 - i. Few times a month
 - ii. Few times a week
 - iii. Daily
 - iv. Multiple times daily
 - Defecate outside the litter tray? Yes No
 - If yes, how often? (Circle one)
 - v. Few times a month
 - vi. Few times a week
 - vii. Daily
 - viii. Multiple times daily

- Where, other than the litter tray, does your cat: (List room(s) and type of surface(s))
 - Urinate?
 - Defecate?

- If your cat urinates outside of the litter tray is there a preference for urinating on (circle one)
 - a) Upright surfaces (eg. walls)
 - b) Horizontal surfaces (eg. floors)
 - c) Both upright and horizontal

- How did you litter train your cat?

- How many litter trays do you have?
 - Where are they? (Please be specific – eg. Which room, etc – a rough house plan drawing would be useful)
 - What kind of litter trays are they?
 - Does your cat prefer a specific type of litter tray?
 - How big is/are the litter trays

- Do you use a liner? Yes No
 - If yes, what type – plastic, newspaper, etc

- What type of litter do you use?

- Have you recently changed brands?
 - How often do you clean your litter tray?
 - How do you clean the litter tray? Please describe in detail:
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- Does your cat cover urine or faeces in the litter tray?
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- **NOTE - If your cat has an elimination problem, please draw a house plan on a separate piece of paper. Please include where your cat eliminates (and specify whether it is urine and faeces in particular areas), resting places (if multiple cats, please include resting places of all cats), litter tray and feeding locations, and also put a rough outline of where windows, doors, and scratching posts are.**
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- Please include any other information that may be relevant if your cat has an elimination problem.

- Describe the last 3 episodes in which the main problem behaviour occurred (include as many details as possible- eg. People present, time, where it took place, what happened, etc)

- Has the problem changed with time in frequency or intensity? If so, how quickly has the change occurred?

- Can you identify any factors that may have triggered or coincided with the onset of the behaviour problem?

- Can you predict when a problem is likely to occur?
- What has been tried to correct the problem? How successful have these measures been?
- What are your goals for treatment?
- Please note any other information that may be relevant:

YOUR FEELINGS:

- What are your feelings about your cat's behaviour?
- Have you considered finding another home for this pet? Yes No
- Have you considered euthanasia? Yes No
If not, under what circumstances would you consider euthanasia?

Thankyou for your time. I look forward to helping you and your cat.

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