**Feline Behaviour Questionnaire**

Obtaining as much in-depth information about your cat prior to consultation allows the best use to be made of the consultation time. Please be as accurate as possible and if necessary, expand answers separately.

 Please return this questionnaire to Debbie Bryon

Email: contact@positivepetbehaviour.co.uk

Post: Debbie Bryon

 6 The Orchards

 Hucclecote

 Gloucester

 Gloucestershire

 GL3 3RL

**Date completed:**

*Please note: All information given will be treated as confidential and will not be released to other parties apart from your veterinary surgeon and only with your prior consent.*

Client Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Client name(s): Address and postcode: |   |   |   |  |
| Telephone number: E-mail address:  |   |   |   |   |

Pet Information

Cat’s name:

Breed or breed-type:

Sex (male or female): Neutered (yes or no):

Age when neutered:

Current age: Age when obtained:

Have you owned a cat before? Have you owned this breed of cat before?

How would you describe your cat’s personality?

**Please list other current household pets**

Name Type/Breed Age Neutered? Relationship with cat (e.g. avoids, plays, fights)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please list the names, ages and relationship to the cat of other family members who live at home.**

Name Age Relationship

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Medical history**

Please give a brief medical history, especially recurrent problems and those that you may feel are totally unrelated such as hair loss, vomiting, and periods of excessive vocalisation. Please also provide any treatment details.

Is your cat currently on any regular medications (such as allergy medication, steroids, pain killers)?

Drug/remedy Dose Indication/Reason for use

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Is your cat currently on any regular supplements or non veterinary medications (such as, herbal or homeopathic remedies)?

Drug/remedy Dose Indication

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Early history**

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.

How much interaction did the kitten have with people (frequency, numbers of people) in the first year of his/her life?

What method of litter training was used?

**Diet and feeding**

What types of food (and brands) do you give your cat?

How much does he/she eat a day?

What are his/her favourite foods?

When and where is the cat fed?

Who feeds the cat?

How many food bowls are provided?

Where are the food bowls placed?

Do you consider your cat to enjoy his/her food?

**Toileting**

Does your cat toilet inside the house or outside of the house?

Do you provide a litterbox, if so how many?

Does the cat use the litterbox on a regular basis?

**Going outside**

Does your cat have access to a garden or yard?

Is access controlled or free through a cat door?

How often do you see other cats in your garden? [ ] Daily [ ] Several times a week

[ ] Once a week [ ] Rarely

How much time is spent outdoors by your cat each day?

In Summer

In Winter

**Territory**

Does the cat defend territory against other cats?

If yes, describe his/her reaction.

**Hunting**

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

What type of prey does he/she catch?

**Play**

Is your cat playful?

Is there any specific time devoted to play on a daily basis? [ ] Yes [ ] No

If so, how much?

Please describe the type of play?

Who initiates play: people or the cat?

What types of toys does your cat play with?

Does your cat come when called or do any ‘tricks’?

**Scratching**

Do you have a scratching post? Does s/he use it?

If yes, please describe it

Does your cat scratch elsewhere? How do you react?

**Family routine**

Has there been a change in your household routine (e.g. new work hours, new baby, moving, new roommate or visitors, boarding, diet change)?

Please give as much detail as possible.

**The home environment**

What type of home do you have (e.g. flat/apartment – ground floor/upper floor, house)?

How would you describe your home? [ ] Quiet [ ] Lively [ ] Chaotic

Which areas of the house does your cat have access to?

**Please draw here or on a separate sheet of paper a map of the layout of your home with the cat’s key areas (e.g. feeding, litterbox, favourite rest areas) indicated. Please indicate any windows through which the cat can see the outside.**

**Interaction with others**

How does your cat behave when visitors come to the house? (e.g. hides, interested, interacts with them)?

Is the behaviour different toward familiar and unfamiliar people?

If yes, please describe.

Is your cat quick to approach new people?

Has your cat ever bitten anyone?

**Does your cat Tolerate, Enjoy or Resist:**

Handling [ ] Tolerate [ ] Enjoy [ ] Resist

Grooming [ ] Tolerate [ ] Enjoy [ ] Resist

Does your cat lick or chew on itself more than you would expect?

If yes, where on the body?

**The current problem**

What is the current problem you are having with your cat? Please give as much detail as possible including; When it began, how long it has been happening, where its happens, who is present, how often it happens whether you can identify a cause for the behaviour?

Please give any other details you feel are important.

How do you correct your cat when the behaviour or any other unwanted behaviours occur?

What has been tried to correct or change the problem?

Is the problem getting: [ ] Better [ ] Worse [ ] No change?

Please describe the 3 most recent incidents of the behaviour. Use separate pages as required

Is there anything else you would like to add about your cat and their behaviour?

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

**Thank you for taking the time to fill in this questionnaire, the information is invaluable and helps to build a picture of the issues affecting your cat.**

**I will contact you as soon as possible to book in a consultation session. This session is likely to take 2-3 hours and it would be helpful to have input from all people involved in your cat’s life.**

**I very much look forward to meeting you, your family and your cat.**

**I only work via referral from your veterinary surgeon, please provide the details of your current veterinary care provider.**

**Veterinary Practice Name:**

**Email Address/Point of Contact**

**Veterinary Practice Address:**

**Name of your Veterinary Surgeon:**

**Please confirm that you are happy for me to contact your veterinary care provider for a behavioural referral?**

**Yes [ ] No [ ]**