



Please complete this questionnaire and return at least 48 hours before your appointment.

1. Owner Details

Title: Surname:

First name/initial:

Address:

Phone number(s):

Email:

Please list names, ages and occupations of all family members who live in the house with your cat. Please briefly describe their relationship with the cat.

Who is your regular Veterinarian? What practice are they based at?

Do you have any other pets? Yes No

If yes please list all pets including breed/age/sex and their relationship to your cat
(e.g. avoid/play/aggression):

2. Pet Details

Cat's name:

Date of birth/age:

Breed:

Sex: Male Female

Desexed: Yes No

If yes, at what age?

How old was your cat when you acquired it?

Where did you get him/her from? Friend Breeder Pet Shop Rescue Centre

Other? (if other please indicate)

Has your cat had any other owners? Yes No If yes how many?

Why was your cat relinquished by previous owners? (if known)

How did your cat settle when it first arrived?

How would you describe your cat's personality?

Please select any of the words you feel help describe your cat:

Happy Anxious Stressed Aggressive Disobedient Playful
Attention Seeking Destructive

3. Medical history:

Has your cat ever had any medical problems? Yes No

If yes, please describe:

Date of last vaccination?

Date of last worming?

Please list all medications (name and dose) your pet is currently on - please include flea/worm/natural products

Has your cat ever been on any medications for their behaviour? Yes No

If yes please list medication(s) and indicate if they helped the problem:

4. Daily Routine:

Does your cat have access to the outside? Yes No

If yes is this controlled by you or free access via a cat flap?

Does your cat roam? Yes No

How often do you see other cats in your garden?

Do other cats ever come into your house?

How does your cat react to cats in your garden/house?

What do you feed your cat? (brand if relevant)

How many times a day is your cat fed?

Is your cat fed treats? Yes No

If yes, what kind of treats do they enjoy?

Is he / she a fussy eater? Yes No

If yes, please specify:

5. Toileting

Does your cat use a litter tray? Yes No

If yes, how many litter trays do you have?

Please describe the tray(s) – height, size etc

What litter do you use? (type/brand)

How often do you empty the tray?

Does your cat ever urinate or defaecate outside the tray? Yes No

If yes, how often?

Does your cat ever spray urine? Yes No?

If yes, where do they spray?

How often do they spray?

6. Play

Is your cat playful? Yes No

If yes, who initiates the play? Human Cat

What kind of games (if any) does your cat enjoy?

Does he/she have any favourite toys?

How often do you play with your cat?

Does your cat ever bite/scratch you during play? Yes No

If yes, please describe when/ how this would occur:

7. General Behaviour

Does your cat have a scratching post? Yes No

If yes, does your cat use it? Yes No

Does your cat scratch anywhere else apart from the post? Yes No

If yes, where does it scratch?

Does your cat ever misbehave? Yes No

If yes, how do you correct him/her?

Is your cat affectionate? Yes No

Does your cat sit on your lap? Yes No

If yes, can you stroke your cat when it is on your lap? Yes No

Does your cat ever suck or chew clothes? Yes No

If yes, what type of material does it prefer?

8. Behaviour Problem

Please describe your cat's behaviour problem (use a separate page if needed)

How long ago did it first occur?

Describe the first incident

Was there any initiating factor?

Under what circumstances does it occur?

The problem is Getting Worse Improving Staying the same

How have you tried to stop the behaviour? Please indicate if these actions helped.

Please select any of the following other problem behaviours you feel your cat shows: destruction
excessive vocalization (e.g. miaowing) aggression towards people scratching
over -grooming sexual behaviours eating non-food items urinary spraying
urinating somewhere inappropriate inappropriate defaecation disturbing you at night
attention seeking aggression towards other animals biting shy-ness
other

If other, please describe:

Please list situations that would be likely to induce aggression in your cat (if applicable):

What do you hope to achieve from the behaviour sessions?

How much time can you commit to spending on solving your cat's behavioural problems?

What would you envisage happening if the behaviour problem persists?

Thank you for completing the questionnaire and I look forward to meeting you and your cat very soon!