

CAT Questionnaire

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## Smiling Face with No FillHello

Thank you for contacting Pet Perspective. My name is Dr Jen Nesbitt-Hawes.

I am a veterinarian with further qualifications in veterinary behaviour (Membership of the Australian and New Zealand College of Veterinary Scientists, Behaviour chapter). It is a field I am very interested in, and currently all my workload is behaviour cases. I keep up to date with the most ethical and effective methods of treating animals with behaviour problems, and am comfortable treating cases referred to me by both animal trainers and veterinarians. However, **I am not a Veterinary Behaviour Specialist**. There are only two people with such high-level qualifications in Australia offering private consultations. Should you wish to see a Specialist at any time, I am very happy to provide a referral. You may wish to see a Specialist in order to:

* Achieve the best possible results in the shortest period of time
* Gain peace of mind – knowing that you have sought out every option for dealing with your pet’s behaviour
* Minimise harm- if your pet poses a threat to other people or animals

If I feel that the case is severe, involves aggressive behaviour, or is particularly complex, then I will recommend referral immediately. Referral is also recommended if your pet’s behaviour is not improving on the treatment plan that I set out.

Behavioural history is often complex. In order to get as accurate a picture of your specific situation as possible, we need a lot of information! The following questionnaire covers questions about you and your pet and the environment in which you live. They will form the basis for the discussion part of our behavioural consultation and assessment.

Please answer the questions as completely and truthfully as possible – this is not a test and there are no ‘right’ answers! If you have additional information that you think might be helpful, please add it in. If any question is not applicable, please write N/A. If you do not know an answer, please write ‘unknown’. If you have more than one pet with a behavioural problem, then please fill out a separate from for each pet.

Once you have completed the questionnaire, please email it to me and I will contact you to organise an appointment time. Please see the website for more information about what to expect from a behavioural consultation.

I look forward to helping you and your pet.

Regards,

Dr Jen

## UserOwner Details

Your name:

Title:

Street Address:

Post Code:

Mobile Ph:

Work Ph:

Email:

What is the best way to contact you?

How did you hear about Pet Perspective?

Who is your regular veterinarian?

Clinic name:

Clinic phone:

Clinic email:

## CatAbout Your Cat

Cat’s name:

Breed: Colour:

Date of Birth: Age:

Weight: Male/Female: Desexed?

Where did you get your cat?

How old was your cat when you got him/her?

Why did you choose this particular cat?

Did you meet your cat’s parents? If so, please describe their behaviour:

What was your cat’s character as a kitten?

How would you describe your cat’s character now?

Has your cat had previous owners?

If yes, why was the cat given up?

## Medical History

When was your cat’s last check up with a veterinarian?

Please attach the medical history from your veterinarian. A blood test is highly recommended prior to coming to a behaviour consultation and should include: Full Blood Count, Biochemistry, and T4 (thyroid level). If your pet has a problem involving elimination or overgrooming, a urinalysis is also required. The results of these blood tests help to rule out alternate medical diagnoses, and establish a baseline before starting medications, if these are required.

The following medical conditions and clinical signs may be associated with behavioural problems. Please tick any that your pet experiences (either as an occasional problem or has currently).

[ ]  Hair loss [ ]  Hearing loss [ ]  Urinary tract infections /Cystitis

[ ]  Ear Infections [ ]  Allergic Skin Disease [ ]  Shaking/trembling

[ ]  Dental disease [ ]  Arthritis [ ]  Increased thirst and/or urination

[ ]  Vision Loss [ ]  Diarrhoea [ ]  Other

What medications is your cat on currently for ***any non-behaviour related reasons***? Include any medications for medical problems (like cortisone for skin problems, or heart medications, etc.), as well as any preventative medications, like heartworm and flea medications, herbal supplements, pheromone analogues, or vitamin supplements.

|  |  |  |
| --- | --- | --- |
| Medication | Dose | Frequency |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

Has your cat ever been on any medication for ***any behavioural problem***? If yes, please list which medication, at what dose and what the response to the medication was (if any). Please include supplements, pheromones, or herbal remedies.

|  |  |  |
| --- | --- | --- |
| Medication | Dose and Frequency | Response |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

## HouseAbout Your Household

Please fill out the following table with all people, including yourself, who live in your household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Relationship to owner | Occupation | Age | Hours away from home |
|   | **Self** |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |  |   |
|   |   |   |   |   |

*Please note: Attendance of all adult members of the household at the behavioural consultation is highly recommended.*

What is your cat’s relationship with the people in your household? (Fearful, friendly, ignores, avoids, etc.) Please describe:

How would you describe your relationship with your cat?

Do others in your household view your cat in the same way? Please describe.

Please fill out the following table, **IN THE ORDER YOU ACQUIRED THEM**, listing all animals, including the one having the consultation:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Pet acquired goes first | Name of Pet | Species (Cat, cat, bird, etc.) | Breed | Age now | Age when acquired | Sex (Male/female/ unknown) | Desexed (Y/N) |
| 1 |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |

What is your cat’s relationship with each of the other animals? (Fearful, friendly, ignores, avoids, etc.) Please describe for each:

If you have other cats, please list any pairs that you see:

Grooming each other

Sleeping with each other

Rubbing heads with each other

What type of area do you live in?

[ ]  Suburb [ ]  City [ ]  Rural

What type of house do you live in?

[ ]  Apartment [ ]  Townhouse [ ]  Attached house

[ ]  House [ ]  Rural Property [ ]  Other …

Have you moved since acquiring your cat?

How did your cat respond to the move?

## SunAverage Day

|  |  |  |
| --- | --- | --- |
| TIME | CAT’S ROUTINE (eg. Sleeping, walk - 20 min has dinner (5 min), play with kids -40 min, etc.) | PEOPLE’S ROUTINE (eg. Gary to work, kids at school, RJ home) |
| 12am-1am |   |   |
| 1am – 2am |   |   |
| 2am – 3am |   |   |
| 3am – 4am |   |   |
| 4am – 5am |   |   |
| 5am – 6am |   |   |
| 6am – 7am |   |   |
| 7am – 8am |   |   |
| 8am – 9am |   |   |
| 9am – 10am |   |   |
| 10am – 11am |   |   |
| 11am – 12pm |   |   |
| 12pm – 1pm |   |   |
| 1pm -2pm |   |   |
| 2pm – 3pm |   |   |
| 3pm – 4pm |   |   |
| 5pm – 6pm |   |   |
| 6pm – 7pm |   |   |
| 7pm – 8pm |   |   |
| 8pm – 9pm |   |   |
| 9pm – 10pm |   |   |
| 10pm – 11pm |   |   |
| 11pm – 12am |   |   |

 Please fill out the following sheet, giving some idea of what your cat’s routine might be on an average day. If there are regular wide variations (eg. owner working occasional night shift, or partner away each Mon-Wed) then please make a note of these.

Any further notes or comments about the daily routine?

Is your cat kept inside or outside? Please describe in detail, including whether your cat has free choice by means of a cat flap/open door:

Do you ever see neighbourhood cats in your garden or home? If so, how often?

Where does your cat sleep at night? (Please be specific)

Please describe what kind of daily exercise your cat engages in (Walks, outside exploration, playing indoors, training, etc.)

Do you play with your cat?

If so, which games or toys?

**Cat resources**

Does your cat use a litter tray?

If yes, how many litter trays do you have?

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

What litter do you use? (eg clumping/scented/clay/paper/etc. Include brand if known)

How often do you empty the tray?

Does your cat ever urinate or defaecate outside the tray?

If yes, how often?

Does your cat ever spray urine (vertical marking)?

If yes, where do they spray?

Please list the locations for urine puddles or vertical spray:

Does your cat have a scratching post? If so, does your cat use it?

Does your cat scratch anywhere else apart from the post?

Does your cat sit on anyone in the household?

If yes, will your cat allow stroking while it is on a person’s lap?

Does your cat have a favourite resting spot? If so, where?

Does your cat have a favoured hiding place? If so, where?

What does your cat eat each day? Please be specific and include brands and quantities (if known).

Where are the cat’s food and water bowls located in the household?

Which food treats does your cat especially like?

During the consultation, we will need a floor plan of your house and living space that we can draw on or add details to. This doesn’t have to be exactly to scale, but will help to plot where resources are located and map where behaviour problems occur. Please take some time to create this floor plan before Dr Jen visits.

## FirecrackerSpecific Events

Please describe how your cat behaves when the following events occur:

* You leave the house
* You return home
* During thunderstorms
* Travelling in the car
* With familiar visitors
* With unfamiliar visitors

## ChatBehaviour(s) Of Concern

Please list the behaviours your cat shows that concern you.

|  |  |  |  |
| --- | --- | --- | --- |
| Behaviour | Frequency (how often daily, weekly, etc.) | Is it getting better, worse, or the same? | How serious is this problem? |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

For the *main problem*, please describe how this has developed over time:

Under what circumstances does the cat show this behaviour? Please describe in as much detail as possible.

What does your cat look like immediately before it shows the behavior? Please describe your cat’s body language and any actions it takes just before the main behavior occurs.

Please describe what you do (or have previously tried) when your cat exhibits this behaviour.

 How does your cat react to your intervention?

 When did you first notice this problem?

 When did it first become a concern?

 Has the behaviour changed in frequency or severity? Please describe

 What has prompted you to seek help now?

Please describe the most recent incident of this behaviour in detail. Include where it took place, when, who was there, how long it lasted, what happened, etc.

 Please describe any other significant or memorable example of the behaviour as above.

What have you done to try to correct the problem so far? (Eg. Ask Vet, go to trainer, Google the problem, punishment/correction of the behaviour (please describe what kind))

 What are your hopes or goals for treating your cat?

 What do you think is the likely outcome if the behavioural problem persists?

 Comments or more information

## EnvelopeThank you

Thank you for completing this questionnaire. Please send it by email to petperspective@hotmail.com and I will reply as soon as possible.

I look forward to meeting you and your pet.

Kind regards,

Dr Jen