

# Feline behaviour questionnaire

Date \_\_\_\_\_

## Owner details

(Mr/Mrs/Miss/Ms) Surname/Family name \_\_\_\_\_ First name or Initials \_\_\_\_\_

Address \_\_\_\_\_  
Postcode \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(mobile) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**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.**

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	Spayed/neutered?	Relationship with cat (e.g. avoids, plays, fights)

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

Name	Age	Occupation

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## Patient details

Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex  Male  Female  Male neutered  Female spayed

Date of birth \_\_\_\_\_ Age when obtained (if known) \_\_\_\_\_

Date first acquired \_\_\_\_\_ Source \_\_\_\_\_

Reason(s) for obtaining this cat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the cat ever been used for breeding?  Yes  No  
If yes, at what age? \_\_\_\_\_

How would you describe your cat's personality?

\_\_\_\_\_

Do you consider your cat to be:

- Aggressive? (growling, hissing, scratching, nipping or biting in any circumstances)  
 Destructive?  Hyperactive/restless?  Disobedient?  
 Nervous?  Excitable?  Noisy/excessive vocalization?  
 Depressed?  Demanding attention?  Playful?

## A Medical history

1. Please give a brief medical history, especially recurrent problems (such as fur balls 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

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5. Has your cat been on medication for his/her behaviour in the past?  
If yes, please list name and dosage (include 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 (include herbals and homeopathics)

Drug/remedy	Dose

### B Early history

1. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

3. What method of litter training was used? \_\_\_\_\_

4. How did you react to any mistakes during litter training? \_\_\_\_\_

5. Did your kitten attend kitten 'parties' or classes? If so, please give details \_\_\_\_\_
- \_\_\_\_\_

### C Diet and feeding

1. What types of food (and 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. How many food bowls are provided? \_\_\_\_\_

6. Where are the food bowls placed? \_\_\_\_\_

7. Is his/her appetite Good or Poor?    [ ] Good    [ ] Poor

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8. Does your cat eat Quickly or Slowly?  Quickly  Slowly
9. What are his/her favourite foods? \_\_\_\_\_
10. How much water does your cat drink each day (in pints or litres)? \_\_\_\_\_
11. How much milk does your cat drink each day (in pints or litres)? \_\_\_\_\_
12. Do you add supplements or titbits to the diet?  Yes  No  
If yes, what and why? \_\_\_\_\_

### D Daily activities

#### Sleeping and waking and resting

1. Where does your cat sleep at night? \_\_\_\_\_
2. Where does he/she sleep during the day? \_\_\_\_\_
3. Is your cat very 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? \_\_\_\_\_

#### Toileting

7. Do you provide a litterbox?  Yes  No  
If Yes, how many are there? \_\_\_\_\_
8. Where is/are the box/boxes located? \_\_\_\_\_
9. Does the cat use a litterbox on a regular basis?  Yes  No
10. How often is/are the box/boxes cleared of waste material (scooped out)? \_\_\_\_\_
11. Does your cat ever eliminate outside the litterbox inside the house?  Yes  No  
If yes, please complete section I below.

#### Going outside

12. Does your cat have access to a garden or yard?  Yes  No
13. Is access controlled or free through a cat door? \_\_\_\_\_
14. How often do you see other cats in your garden?  Daily  Several times a week  
 Once a week  Rarely
15. How much time is spent outdoors by your cat each day? In Summer \_\_\_\_\_  
In Winter \_\_\_\_\_

#### Roaming

16. What area is available to the cat to roam? \_\_\_\_\_
17. How far does he/she roam on average?  Stays in the garden  May go to next door or two  
 Further ranging
18. Does your cat stay away from home for several days at a time?  Yes  No

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### Territory

19. Does the cat defend territory against other cats? [ ] Yes [ ] No  
If yes, describe his/her reaction \_\_\_\_\_

### Hunting

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

21. What type of prey does he/she catch? \_\_\_\_\_  
\_\_\_\_\_

### 'Home alone'

22. How long is your cat alone without people on any given day? \_\_\_\_\_

23. What arrangements are made for the cat if you are away from home for a while, e.g. on holiday?  
\_\_\_\_\_

### Play

24. Is your cat playful? [ ] Yes [ ] No

25. Is there any specific time devoted to play on a daily basis? [ ] Yes [ ] No  
If so, how much? \_\_\_\_\_

26. Who initiates play: people or the cat? [ ] People [ ] Cat

27. What types of toys does your cat play with? \_\_\_\_\_

28. Does your cat come when called or do any 'tricks'? [ ] Yes [ ] No

### Scratching

29. Do you have a scratching post? [ ] Yes [ ] No  
If yes, please describe it \_\_\_\_\_  
How many are available in the home? \_\_\_\_\_  
Where are they placed? \_\_\_\_\_

30. Does your cat use the scratching post? [ ] Yes [ ] Sometimes [ ] Never

### Family routine

31. Has there been a change in your household routine (e.g. new work hours, new baby, moving, new roommate or visitors, boarding, diet change)? [ ] Yes [ ] No  
Details \_\_\_\_\_  
\_\_\_\_\_

## E The home environment

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

5. Is your cat keen to explore? [ ] Yes [ ] No

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6. If you have more than one cat, when do you see them all in the same room? \_\_\_\_\_  
 \_\_\_\_\_

7. Do some cats spend most of their time in only certain locations? [ ] Yes [ ] No  
 If yes, which cats and where do they stay? \_\_\_\_\_

### F Interaction with others

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

2. Is the behaviour different toward familiar and unfamiliar people? [ ] Yes [ ] No  
 If yes, describe \_\_\_\_\_

3. Is your cat quick to approach new people? [ ] Yes [ ] No

4. Has your cat ever bitten anyone? [ ] Yes [ ] No  
 If yes and this is NOT the primary complaint please give brief details of circumstances  
 \_\_\_\_\_

If yes and this IS the primary complaint, please complete section J

5. Please fill in details of any regular visitors to the home

Name (if known)	Purpose	Time & Days	Cat's reaction

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

Frequent visitors	Occasional visitors	Rare visitors

7. Please describe your cat'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		
Familiar cats		
Unknown cats		

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### G Other behaviours

1. When does your cat miaow? \_\_\_\_\_
2. When does he/she growl? \_\_\_\_\_
3. When does he/she 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 so, to whom or what? \_\_\_\_\_
6. Does your cat Tolerate, Enjoy or Resist:  
Handling     Tolerate     Enjoy     Resist  
Grooming     Tolerate     Enjoy     Resist
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? \_\_\_\_\_  
\_\_\_\_\_

### H The current problem

*Please also refer to specific sections below*

1. What is the current problem you are having with your cat? Please describe it briefly \_\_\_\_\_  
\_\_\_\_\_
2. When did it begin? \_\_\_\_\_
3. How long has it been present? \_\_\_\_\_
4. How old was the cat when it began? \_\_\_\_\_
5. Did the onset of the problem coincide with any event, or action, you can identify? \_\_\_\_\_  
\_\_\_\_\_
6. Where does the problem occur? \_\_\_\_\_
7. With whom? \_\_\_\_\_
8. How often? \_\_\_\_\_
9. Other details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What has been tried to correct or change the problem? \_\_\_\_\_
11. Is the problem getting:     Better     Worse     No change?
12. Do you suspect any cause? \_\_\_\_\_
13. Describe the 3 most recent incidents of the behaviour. Use separate pages as required  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### I Elimination and marking problems (house soiling)

*Please answer the questions below if the problem is elimination or marking (house soiling)*

#### Elimination behaviour

1. Does the cat use a litterbox? [ ] 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 litterbox? [ ] Yes [ ] No
6. Does your cat ever eliminate outside the litterbox inside the house? [ ] Yes [ ] No

#### Litterbox

7. How many litterboxes are there? \_\_\_\_\_
8. What type (e.g. covered, uncovered)? \_\_\_\_\_
9. What shape and size? \_\_\_\_\_
10. Where is/are it/they located? \_\_\_\_\_

#### Litter

11. What type of litter material do you use? \_\_\_\_\_
12. Do you always use the same brand? [ ] Yes [ ] No
13. Are there odour control granules added? [ ] Yes [ ] No

#### Litterbox cleaning

14. How often is the litterbox cleared of waste material (scooped out)? \_\_\_\_\_
15. How often is it completely cleared out and washed? \_\_\_\_\_
16. What do you use to clean the litterbox? \_\_\_\_\_
17. Have you recently changed the litter material or cleaning solution used? [ ] Yes [ ] No
18. How often do you provide a completely new box? \_\_\_\_\_

#### Problem details

19. Is the cat leaving faeces, urine or both outside the litterbox? [ ] Faeces [ ] Urine [ ] Both
20. How often does this occur? [ ] Once a week [ ] Once a month  
[ ] Once a day [ ] Always
21. What time of day do you usually find the urine or faeces outside the litterbox?  
(a.m., p.m., before work, overnight, etc.) \_\_\_\_\_
22. How big is the spot of urine? \_\_\_\_\_
23. How many times a day does your cat defecate? \_\_\_\_\_
24. Do you recall the first time you found urine or faeces outside of the litterbox? [ ] Yes [ ] No  
If yes, please provide the details surrounding the incident \_\_\_\_\_  
\_\_\_\_\_



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25. Where is the cat depositing urine/faeces outside the litterbox? 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

26. Please draw a floor plan of the house, noting litterbox location and sites of urination and/or defecation outside the litterbox. Please also include resting places in cases of conflict between cats and indicate any specific locations of such conflict
27. Has there been a change in litterbox location?  Yes  No  
If yes, how recent was this? \_\_\_\_\_  
From where to where? \_\_\_\_\_
28. Has there been a change in litter type?  Yes  No  
If yes, how recent was this? \_\_\_\_\_  
From what to what? \_\_\_\_\_
29. Has there been a change in litterbox cleaning routine?  Yes  No  
Is the box cleaned less or more often?  Less often  More often
30. When the problem first began, can you recall any unusual incident or anything that might have upset the cat? (For example, moving house, new roommates, unusual noises, new work hours, addition of another pet, a new baby, food changes) \_\_\_\_\_  
\_\_\_\_\_
31. Have there been any recent changes in your personal routine? \_\_\_\_\_
32. Have there been any recent changes in living arrangements? \_\_\_\_\_
33. Have you ever caught the cat depositing urine or faeces outside the litterbox?  Yes  No  
What was your response? \_\_\_\_\_  
What was the cat's response? \_\_\_\_\_
34. What posture does the cat assume when urinating or spraying outside the box?  
 Standing  Squatting
35. Where is the urine located?  On the floor  
 On the walls about 6 to 8 inches up from the floor?
36. Is this spraying or urination?  Spraying  Urination
37. Are there many cats outdoors in the immediate vicinity of your cat?  Yes  No
38. Is your cat agitated by the presence of other cats?  Yes  No
39. Are you the cat's first owner?  Yes  No  
If no, were there similar problems in a previous home?  Yes  No

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40. If you have more than one cat, are there additional litterboxes?  Yes  No  
How many? \_\_\_\_\_  
Where are they? \_\_\_\_\_
41. Does this cat interact with the other cats in the home?  Yes  No
42. Does this cat fight with or avoid any of the other cats in the home?  Yes  No  
If yes, which cat does it fight with or avoid? \_\_\_\_\_  
Which cats does this cat associate with? \_\_\_\_\_
43. Does this cat have a previous history of urinary tract infections?  Yes  No
44. When was the last time a urine sample was examined? \_\_\_\_\_
45. What have you done in the past to try and change the behaviour? \_\_\_\_\_  
\_\_\_\_\_

### J Aggression

*Please answer the questions below if the problem is aggression:*

1. Describe the most recent incident and the setting it occurred in (try to be very precise, as if you were drawing a picture):
- a) Where was the cat? \_\_\_\_\_
  - b) Where was everyone in relation to the cat? \_\_\_\_\_
  - c) What was everyone doing before the incident? \_\_\_\_\_
  - d) What did the cat do? \_\_\_\_\_
  - e) What was the cat'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 cat 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. How frequently does the problem occur?  Times per day  Times per week  
 Times per month  Times per year
7. When does the problem occur?  
When left alone?  Always  Usually  Rarely  Never  
When family members are present?  Always  Usually  Rarely  Never

### K Other problems

Does your cat have any other behavioural problems (e.g. scratching, excessive miaowing, plant eating)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### L You and your cat

1. How would you describe your relationship with this cat?  
Adult owners (female) \_\_\_\_\_  
Adult owners (male) \_\_\_\_\_  
Children \_\_\_\_\_
  
2. What are your feelings about the cat's present behaviour?  
Adult owners (female) \_\_\_\_\_  
Adult owners (male) \_\_\_\_\_  
Children \_\_\_\_\_
  
3. How would you ideally like your cat to be? \_\_\_\_\_
  
4. Under what circumstances would you consider euthanasia? \_\_\_\_\_
  
5. What is your expectation for change? \_\_\_\_\_
  
6. Is there anything else you would like to add about your cat and its behaviour? \_\_\_\_\_  
Please give any other information you think is relevant to the case \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questionnaire completed by (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_