

Cat Behaviour Questionnaire

Please complete and return to me at the address below, to arrive before the date of the appointment.

BACKGROUND INFORMATION

Your name:

Address:

Day time Tel. No:

Home Tel No:

Email Address:

Referring Veterinary Surgeon:

Address:

Tel:

Name of Cat:

Breed / Type: Age: Sex:

Is your cat neutered?

EARLY HISTORY

● How old was your cat when you obtained him/her?

● Where did you obtain your cat from? E.g. breeder, rescue, or did he/she turn up on your doorstep?
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FAMILY MEMBERS

- How many people are there in your household?
- Are there any children? If so, how old are they?
- Does everybody interact with the cat?
- Does the cat have a favourite person or people?
- Do you have any other animals? (Please include their type, age and sex)
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- How does your cat get on with your other pets?

DIET

- What do you feed your cat (including brand)?
- How many times a day is he/she fed?
- Do you give any supplements?
- Does he/she enjoy food or would you say he/she is fussy?
- Do you give any tit-bits? If so what?

MEDICAL HISTORY

- Does your cat have any current medical problems to your knowledge?
- Do you know of any previous medical problems?
- Is he/she on any current medication?

ENVIRONMENT

- Does your cat have access to all areas of your home?
- Does he/she go outside?
- Is there free access to outside? If so, is this via a cat flap?
- Is the cat allowed to go out at night, or just during the day?
- Does he/she tend to go out for long periods of time? For how long approximately?
- Does he/she go far? For example, does he/she tend to sunbathe on the doorstep, or go further afield?



- Where does he/she sleep at night and during the day?
- Does your cat have a scratching post? If so, where is it, and does he/she tend to use it?
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- Does he/she scratch outside? What about inside?

TOILETING

- Does the cat use a litter tray indoors? If so, what kind of litter do you use?
- How many litter trays do you have? Where are they positioned?
- Do you see your cat urinating or passing faeces in the garden or outside?
- Has the cat ever toileted inside, apart from in litter trays? If so, where?
- Have you noticed the cat spraying inside or outside?

HUMAN INTERACTION

- Does the cat have any toys?
- Do you play with the cat? If so, for how long each day? What games do you play?
- Does the cat tend to follow you around the house when you are at home?
- Does the cat sit on your lap? Does he/she sit on everybody's lap equally?
- Do you stroke the cat when it is on your lap? Do you ever have any problems doing this?
- Does the cat ever suck or chew on your clothes? If so, what type of material is preferred and when does it happen?
- Does he/she ever suck or chew on anything else? If so, what and when?

OTHER CATS

- Are there other cats in the neighbourhood? For example, do your neighbours have cats?
- Do any other cats come into your garden?
- Do they, or have they ever, come into your house?





Please use this page to draw a plan of your cat's territory. If you have an indoor cat, draw a plan of your house, and if you have an outdoor cat include the garden and/or surrounding area. As cats are such territorial animals, such plans are very useful for making an accurate diagnosis of your cat's problem. Please include, if possible: the site of the doors, cat flaps, feed bowls, sleeping places and litter trays; sites of any inappropriate toileting, spraying, scratching, or chewing, your main property boundaries, including what lies on the other side, such as other cats, dogs, children, main roads.



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THE PROBLEM

Describe the problems you are having with your cat in as much detail as possible

(Please use a separate sheet if necessary):

- What happens immediately before your cat displays these behaviours?

Try to think both what you and your cat are doing when the problem occurs.

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- What happens immediately after? Again, think about what you do, and what the cat does.

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- When did the problem begin? Can you remember the first time it happened?

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- When does the problem occur? Is it in any particular circumstances?

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- How frequently, on average, does this problem occur? Do you think it is becoming more frequent, less frequent, or staying about the same?

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- Where does it occur? Is it, for example, always in the same place?

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- Who is usually present at the time, if anybody?
- When was the last incident, and can you describe it?

- Have there been any previous attempts to cure this problem? If so, please describe.

OTHER PROBLEMS

- Does your cat have any other problems?

For example, is he/she nervous of:-

- Children?
- Strangers?
- Any family members?
- Dogs?
- Loud noises?

Is the cat good to:-

- Groom?
- Stroke?
- Pick up?

- Are there any other problems with the cat that you would like to discuss at the consultation?



REHABILITATION

- How much time do you feel able to commit to working with your cat to solve these problems?

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- What would you envisage happening if the behaviour problem persists?

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Thank you for taking the time to fill in this questionnaire.
Please return forms by email to **info@thecatanddogcompany.com**,
to arrive at least 5 days before the date of the consultation, along with a
non-refundable deposit of £30.
Cheques should be made payable to Michelle Creasy.
If you have any queries, please do not hesitate to contact me.

I look forward to meeting you and your cat.

