**Feline Behaviour Consultation Questionnaire**

1. About you

Your name:

Todays date:

Phone numbers (Home): Mobile: Work:

Address (including postcode):

Email:

Are you the owner of the animal?

If no, who owns the animal?

Have you owned a cat before?

2. About your cat

Cat’s name:

Breed:

Age/D.O.B:

Colour:

Sex: If spayed/neutered when was this done?

Any behavioural changes following neutering?

Weight (approximately):

Who is your cat’s vet and vet practice (please give full names, address, postcode and email)?

3. Your cat’s background

How long have you owned your cat?

Where did you obtain your cat from?

Breeder [ ]

Private seller [ ]

Friend/Acquaintance [ ]

Rescue centre [ ]

Free [ ]

Other (please explain):

Please give an ownership history for your cat:

Previous owners: Please state the length of time with each owner and reason for giving up the cat.

1.

2.

3.

4.

5.

How much opportunity has your cat had to become used to the following during early socialisation (up to 10 weeks of age):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Process | 1 (None) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (Lots) |
| Lead/halter restraint |  |  |  |  |  |  |  |  |  |  |
| Traffic |  |  |  |  |  |  |  |  |  |  |
| Other cats |  |  |  |  |  |  |  |  |  |  |
| Other species |  |  |  |  |  |  |  |  |  |  |
| Other equipment |  |  |  |  |  |  |  |  |  |  |
| Different family members |  |  |  |  |  |  |  |  |  |  |
| Different handlers |  |  |  |  |  |  |  |  |  |  |
| Daily routines |  |  |  |  |  |  |  |  |  |  |

Any other comments regarding your cats early socialisation:

4. Daily routine:

Please list the people that your cat interacts with regularly (i.e. is familiar with):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Sex | Age  | Relationship (e.g. son, husband, employee etc) | Hours spent with animal (per week) | Issues with individual |
|  |  |  |  |  |  |
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Please list other animals that your cat interacts with regularly (i.e. is familiar with):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Breed/species | Sex | Age when acquired | Age now | Issues with individuals |
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How would you rate your cat’s response to the following procedures?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Procedure | 1 (Very stressed/upset) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (Really enjoys it) |
| Car travel |  |  |  |  |  |  |  |  |  |  |
| General procedures such as worming, flea treatment |  |  |  |  |  |  |  |  |  |  |
| Grooming |  |  |  |  |  |  |  |  |  |  |
| Exercise |  |  |  |  |  |  |  |  |  |  |

Is your cat is subject to any other procedures or responsive to other commands? If yes please give details and state response:

Does your cat live in the house? If no please state where he lives

Yes [ ]

No [ ]

What is your accommodation situation

Detached house with grounds [ ]

Semi detached/terrace house with garden [ ]

House, no garden [ ]

Flat/Apartment [ ]

Bedsit [ ]

Shared house [ ]

Other (please state):

Is your cat allowed outside?

Yes anytime via cat flap [ ]

Yes anytime but no cat flap [ ]

Supervised only [ ]

Yes on a leash [ ]

No, house cat only [ ]

If you have a cat flap what type is it?

Do you leash walk your cat? If so, how many times a day?

None [ ]

1 [ ]

2-3 [ ]

3+ [ ]

How long on average does your cat go out for on each walk?

0-30 minutes [ ]

30-60 minutes [ ]

60 minutes+ [ ]

What proportion of time does you cat spend indoors as opposed to outdoors each day?

Indoor - %

Outdoor - %

What type of bed or bedding do you use for your cat?

Has this changed recently?

What does your cat eat and how much at what intervals?

Was your cat’s feed ration prepared by a nutritionist/vet?

Does your cat usually eat up all food? Has this changed?

Do you feed your cat treats?

From a feed bowl? [ ]

From the floor? [ ]

From your hand? [ ]

Using a treat feeder? [ ]

How many times a day do you feed treats?

What type of collar/harness do you use?

What type and length of lead do you use if any?

What is your cat’s favourite game?

What is your cat’s favourite toy?

Do you play with your cat? If so, how many times a day?

None [ ]

1 [ ]

2-3 [ ]

3+ [ ]

How long on average does play for on each occasion?

0-10 minutes [ ]

11-20 minutes [ ]

20 minutes+ [ ]

Is your cat on any medication? Please state what and dosage.

Does your cat have any allergies? Please state to what.

What type of litter tray do you use?

Standard open [ ]

Large open [ ]

Standard covered [ ]

Large covered [ ]

What type of cat litter do you use? Brand and type

Has the type of litter or tray changed recently? If yes in what way?

How many litter trays do you have in the house?

5. The Behaviour Problem

Primary behaviour problem:

Do you consider this problem: Very serious Serious Minor

Please describe the behaviour as fully as you can:

When did this first occur?

When does it happen now?

Has the frequency of the behaviour increased?

Has the intensity of the behaviour increased?

Are there places where the behaviour is more likely?

Is the behaviour more likely with some people present?

Can you think of an event that first caused the behaviour to occur?

Is there anything that you feel might be maintaining the behaviour?

Have you tried anything to remedy this behaviour? Was it effective?

6. Secondary Behaviour Problem:

Do you consider this problem: Very serious Serious Minor

Please describe the behaviour as fully as you can:

When did this first occur?

When does it happen now?

Has the frequency of the behaviour increased?

Has the intensity of the behaviour increased?

Are there places where the behaviour is more likely?

Is the behaviour more likely with some people present?

Can you think of an event that first caused the behaviour to occur?

Is there anything that you feel might be maintaining the behaviour?

Have you tried anything to remedy this behaviour? Was it effective?

Have you noticed any relationship between this behaviour and the primary behaviour problem? If so please describe.

7. Other Behaviour Problems:

Do you consider this problem: Very serious Serious Minor

Please describe the behaviour as fully as you can:

When did this first occur?

When does it happen now?

Has the frequency of the behaviour increased?

Has the intensity of the behaviour increased?

Are there places where the behaviour is more likely?

Is the behaviour more likely with some people present?

Can you think of an event that first caused the behaviour to occur?

Is there anything that you feel might be maintaining the behaviour?

Have you tried anything to remedy this behaviour? Was it effective?

Have you noticed any relationship between this problem and any of the previously described behaviour problems? If so please state what.

8. Lifestyle changes

Has anything in your household changed since having your cat?

New baby/child [ ]

New partner [ ]

New housemates [ ]

New pets [ ]

New house [ ]

New work schedule [ ]

Death of a pet [ ]

Death of a person [ ]

Other please state:

9. Rehabilitation:

How long do you envisage being able to spend working on this problem?

What do you envisage happening if it cannot be resolved?

Please give any other details you feel are relevant here:

\*\*\*\*\*\*Many thanks for taking the time to complete this questionnaire\*\*\*\*\*\*