

Feline Questionnaire

PB/FQ Ref 01/09



BACKGROUND INFORMATION

Case No.

Petplan Policy No.

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Client Name

.....

Address

.....

Daytime Contact No.

Evening Contact No.

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Name of Cat

Breed of Cat

Age

Sex

.....

Has Your Cat Been Neutered? If So When?

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EARLY HISTORY

How old was your Cat when you obtained it?

.....

Can you remember where he/she came from, e.g. breeder?

.....

Was he/she re-homed or from a rescue centre?

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Is this your first Cat (not including childhood pets)?

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If no, what other breed(s) have you owned previously?

.....

DIET

What do you normally feed him/her?

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How many times a day is he/she fed?

What time(s)?

.....

Do you give any supplements, e.g. vitamin pills?

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Does he/she enjoy food or are they finicky?

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Do you give any tit-bits? If so, what?

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HOUSING

What areas do(es) the cat(s) have access to?

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What secondary areas do(es) the cat use?

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Where does your pet sleep?

.....

Where does he/she stay when you go out?

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Is your cat(s) allowed outdoors? If so, for how long per 24 hours?

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Are there any problems when you leave him/her?

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If Yes, what happens?

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Is there access to a garden?

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Is access through a cat flap?

.....

Does the cat defend the territory against other cats?

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Does the cat have a litter tray?

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Tray type?

.....

Where is the tray situated?

.....

Type of litter used?

.....

FAMILY MEMBERS

How many people are there in your household?

.....

If there are any children, how old are they?

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Does everybody interact with the cat?

.....

Do you have any other animals? (If Yes, please list type, age, sex)

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If other cats, do they sleep together?

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MEDICAL HISTORY

Does your cat have any current medical problems to your knowledge?

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Do you know of any previous medical problems?

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.....

Is he/she on any current medication?

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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)

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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 the 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?

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When was the last incident and can you describe this?

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Have there been previous attempts to cure this problem? (If so, please describe)

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OTHER PROBLEMS

Does your cat have any other problems?

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For example, is he/she good:

With children?	Yes	No
With strangers?	Yes	No
With family members?	Yes	No
With to groom or bath?	Yes	No
With dogs?	Yes	No
With loud noises?	Yes	No
When meeting other cats?	Yes	No

Would you describe your cat as:

A fussy eater?	Yes	No
Aggressive in any situation?	Yes	No
Aggressive to other cats?	Yes	No
Nervous of strangers/noises?	Yes	No
Sociable?	Yes	No
Confident?	Yes	No

Does your cat enjoy being groomed?

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What kind of brush do you use?

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REHABILITATION

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

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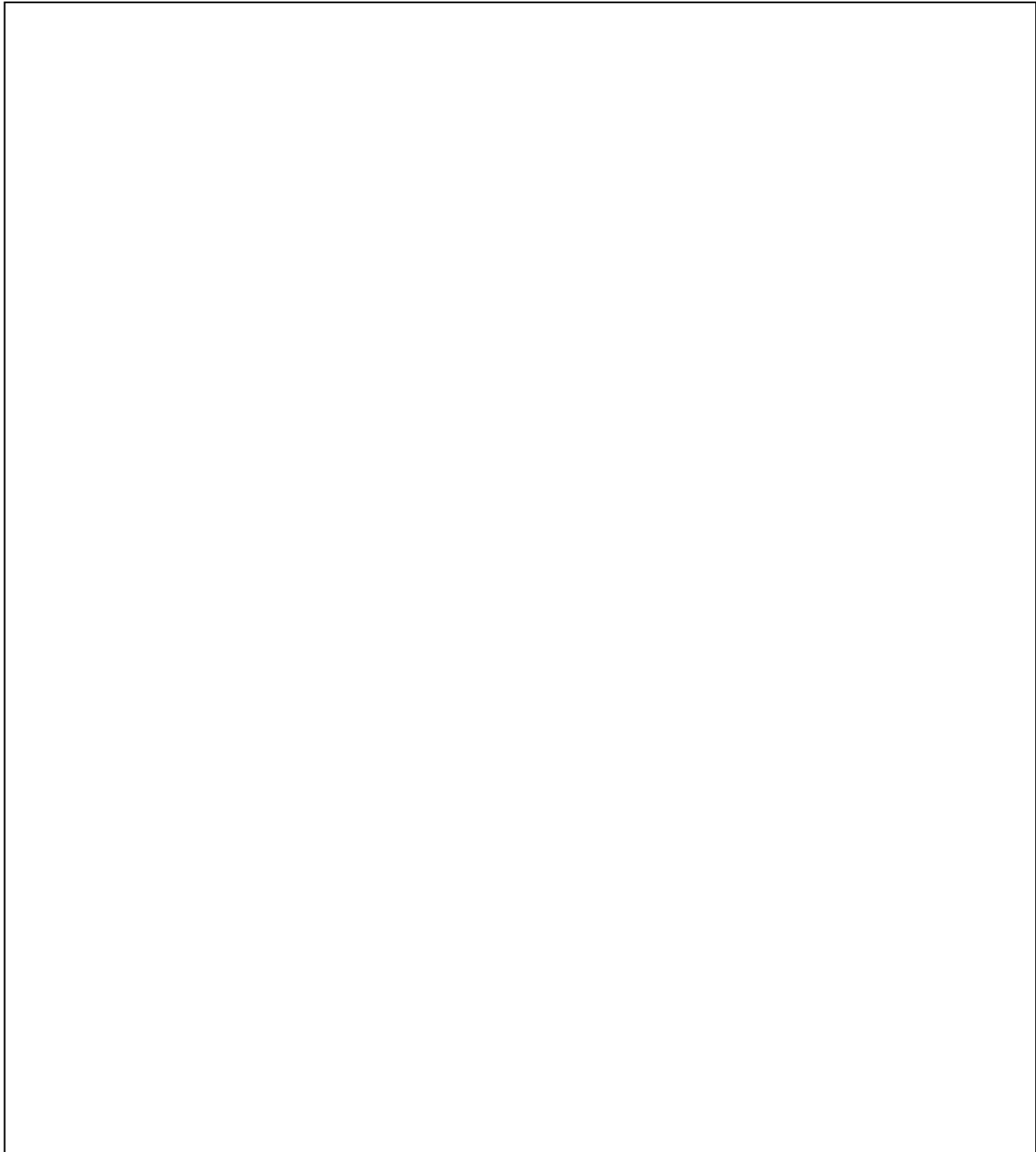
What would you envisage happening if the behaviour problem persists?

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RELEVANT HOUSE LAYOUT

Please draw a plan of your house where the problem occurs including litter tray and food positions if relevant.

A large, empty rectangular box with a thin black border, intended for the user to draw a plan of their house. The box is currently blank.

Please **Print** and **Fax** to 01-4932158 or send by **Post** to:

The Pet Behaviour Centre, Wenden Kennels, Mount Venus Road, Rockbrook, Rathfarnham, Dublin 16.