Feline Behaviour Questionnaire

Our aim is to help you understand why your pet is exhibiting a certain behaviour and to address the problem using humane and scientifically proven treatment methods.

There is always a ‘reason’ for behaviour even if it is not necessarily obvious to us or appears maladaptive for the animal.

Therefore, the best treatment for unwanted behaviour requires working out the ‘reason’ and the underlying emotion involved; by working on these we can ultimately affect how an animal responds in a given situation.

How an animal behaves is influenced by its genetics, early life experiences and current living environment. These components interact in a way that is unique to that particular animal. Because of this complexity, understanding the cause of a problem can require some ‘detective work’ which this questionnaire helps as a starting place.

This questionnaire provides us with background information that helps us understand your pet and family household. It allows us to concentrate on the behavioural problem during our consultation. To assist us with this we require that you complete and return this questionnaire at least **ONE week prior to your consultation**.

We also ask that you send, or get your regular veterinarian to directly send, a copy of your pet’s medical history. Ideally this will include a recent (within 3 months) physical examination and blood/urine test results.

> **Please note:** If blood/urinalysis results are not available prior to the consultation and medications are prescribed, we may advise you to perform these tests, which can be done at our clinic or your regular vet.

Please answer as comprehensively as possible. Completing this questionnaire should ideally involve all of the pet’s caregivers (interestingly we often see that family members can have a very different perception of what is happening!).

If you have any questions regarding the questionnaire please do not hesitate to contact us either by email or phone.

We look forward to working with you.

ELIMINATION HABITS

Adapted from Herron ME (2010), Advances in Understanding and Treatment of Feline Inappropriate Elimination.

Does your cat's urine or stool ever appear abnormal, either inside or outside of the box?

☐ Yes ☐ No

If yes, please describe:

Does your cat have any history of urinary or gastrointestinal tract problems?

☐ Yes ☐ No

e.g. urinary tract infection or obstruction, constipation, diarrhoea — if yes, please describe:

Does your cat urinate outside the box?

☐ Yes ☐ No

If yes, please list all locations:

Have you ever witnessed your cat urinating outside the box?

☐ Yes ☐ No

If yes, please describe your cat's posture — e.g. squatting vs. standing, tail down and to the side vs. erect:

Does your cat have bowel movements outside of the litter box?

☐ Yes ☐ No

If yes, please list all locations:

Are there certain objects or materials outside of the box on which your cat will eliminate?

☐ Yes ☐ No

If yes, please describe:

Does your cat cover up his/her eliminations in the litter box?

☐ Yes ☐ No

Does your cat ever show scratching or digging behaviours before eliminating outside the box?

☐ Yes ☐ No

What products do you use to clean areas where your cat has soiled?

LITTER BOX DETAILS

How many litter boxes do you have?

Where are the litter boxes located?

What type of litter do you use?

Is this a clumping litter?

☐ Yes ☐ No

Do some or all of your litter boxes have covers?

☐ Yes ☐ No

Do some or all of your litter boxes have liners?

☐ Yes ☐ No

How deep is the litter in the box?

How often do you scoop the urine or stools from the box?

How often do you empty the entire contents of the box and clean it?

ENVIRONMENTAL DETAILS

Please list ALL people living in your household:

Name	Relationship to Owner	Occupation	Hours Away from Home/Day	Age

Please list ALL animals in the household, in the order they were obtained:

Name	Species	Breed	Sex (M/F)	Desexed (Y/N)	Age

If you have a multiple-cat household, do you ever notice staring, growling, hissing, chasing, or fighting between any of your cats?

☐ Yes ☐ No

If yes, please describe:

If you have a multiple-cat household, do you ever notice any of your cats grooming each other, playing or touching when sleeping?

☐ Yes ☐ No

If yes, please specify which cats do it to whom:

How does your cat react to strangers?

How does your cat react to loud noises?

e.g. thunderstorms, fireworks, traffic

Has your household changed since acquiring this cat?

☐ Yes ☐ No

If yes, please describe when and how:

Was anything unusual going on in your cat's environment before the onset of the elimination problem?

Does your cat have access to the outdoors?

☐ Yes ☐ No

If your cat is strictly indoors, does he/she have visual access to outdoor cats?

☐ Yes ☐ No

If yes, what is his/her reaction?

HOME LAYOUT

Please draw or add a layout of your home and mark the locations of sleeping spots, litter trays, water bowl, food bowl and areas of inappropriate elimination (specify urine or faeces).

WHICH OF THESE STATEMENTS APPLY TO YOU?

☐ I am here only out of curiosity; the problem is not serious.

☐ I would like to change the problem, but it is not serious.

☐ The problem is serious. I would like to change it, but if it remains unchanged that is alright.

☐ The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.

☐ The problem is very serious and I would like to change it. If it remains unchanged I will have my cat euthanised or have to give him/her up.

Owner Signature: **Date:** **First Name:**

THANK YOU FOR YOUR TIME IN FILLING OUT THIS QUESTIONNAIRE