# Cat Questionnaire

Date of consultation:

Please EMAIL me back the questionnaire as a WORD document to the email address: admin@mayanimal.ch

|  |
| --- |
| **Contact details** |
| First name, last name  |
| Street and house number  |
| Zip code and town  |
| Tel  |
| Email  |
| How did you hear about us?[ ]  veterinarian [ ]  friends [ ] Internet [ ]  Other  |
| Your veterinarian (Name, Telephone, Email) May we contact your veterinarian regarding your cat’s medical history? [ ]  yes [ ]  no |
| **Your cat/s** |
| Name Breed  Colour Sex [ ]  female [ ]  male [ ]  intact [ ]  neutered Did you notice any behavioural changes after neutering? [ ]  no [ ]  yes, namely Date of birth Current weight Age at adoption  |
| How would you describe your cat’s personality?      |
| Do you think your cat is highly sensitive? [ ]  no [ ]  yes, because  |
| What does your cat love most? |
| What does your cat hate most?  |
| **The current problem** |
| **Behaviour**: Please describe the behaviour that is bothering you: |
| **Beginning**: How old was your cat when the problem started?  |
| **Context**: In which situations does your cat show this behaviour? |
| **Frequency**: How often does your cat show the behaviour (per day/week/month/year)?  |
| **Recovery**: How quickly does your cat recover after a stressful event? |
| **Incidences**: Please describe in detail* The first incident of the behaviour:
* The last incident of the behaviour:
* Another incident oft he behaviour you can remember:
 |
| **Development:** The problem is [ ]  getting better [ ]  getting worse [ ]  staying the same |
| **Intensity**: On a scale from 0-10, how much of a problem is the behaviour for you and your cat currently? (0 = no problem at all, 10 = worst possible situation)       |
| **Causes**: Do you have any ideas what could be causing the behaviour?       |
| **Treatment attempts**: What have you tried to address the problem?      |
| **Your worries:** What is the biggest problem for you? What is your biggest worry?      |
| **Wishes**: What are your hopes and expectations regarding the behaviour problem? |
| **Further information:**       |
| **Your cat’s general behaviour** |
| **Stress**: In which situations does your cat seem to be stressed/overwhelmed?       |
| **Fear:** In which situations does your cat seem afraid or scared?      |
| **Aggression**: In which situations does your cat show aggressive behaviours (e.g. hissing, scratching, biting, …)?      |
| **Signs of fear/stress:** How do you recognise that your cat is afraid or stressed?       |
| **Repetitive behaviour:** Does your cat show any repetitive behaviours (e.g. tail chasing, shadow chasing, excessive licking of fur, ...)?  [ ]  no [ ]  yes, namely  |
| **Play behaviour:** Does your cat play? [ ]  no [ ]  yes[ ]  Alone – how?: [ ]  With other cats – how?: [ ]  With you – how?: [ ]  With other people – how?:  [ ]  Other - how?:  |
| **Cleaning/licking/scratching**Does your cat lick, scratch or gnaw itself frequently and/or excessively? [ ]  no [ ]  yes, namely  |
| **Elimination:** Is your cat house trained? [ ]  yes [ ]  no,  |
| **Marking behaviour:** does your cat[ ]  frequently rub his/her cheeks on people or objects? [ ]  mark with urine? [ ]  scratch furniture, walls, etc.?  |
| **Health/Treatments** |
| **Physical problems**: illnesses from which your cat has suffered or is currently suffering:      **Klinischer Untersuch / Symptome** |
| **Physical symptoms:** Does your cat show any symptoms that could be linked to a physical problem (e.g. limping, diarrhea/constipation, changes in appetite, changes in skin or fur, signs of pain, etc.)?      |
| **Surgeries:** Surgeries your cat has had (including neutering)      |
| **Veterinary visits**: When was your cat’s last veterinary visit, what was done and what was diagnosed? Date: Analyses: Diagnosis:*🡪 Please attach any medical information on your cat you have!* |
| **Blood analysis**: When was your cat’s last blood analysis? What was diagnosed? Date: Diagnoses: *🡪 Please attach any blood results you may have!*  |
| **Urinalysis:** When was your cat’s last urinalysis? What was diagnosed?Date: Diagnoses: *🡪 Please attach any blood results you may have!* |
| **Treatments**: Has your cat ever had or is s/he currently receiving any medication, herbal supplements, nutraceuticals, homeopathic remedies, etc.? [ ]  for a health problem: [ ]  for a behaviour problem: [ ]  other types of therapy (ckupunkture, chiropraxis, osteopathy, etc.):  |
| **Nutrition:** What do you feed your cat?[ ]  dry food (brand: ) [ ]  wet food (brand: ) [ ]  I cook for my cat [ ]  I feed my cat a raw dietWhen do you feed your cat? Does your cat defend his/her food/chews? [ ]  no [ ]  yes How is your cat’s appetite? What is your cat’s favourite treat? How much does your cat drink per day?  |
| **Living situation / surroundings** |
| **Animals**: What other animals live in the same household? Name, species, sex, neuter status: |
| **Family members**Name und age of all family members (including yourself) who live in the same household and their relationship to your cat: |
| **Living surroudings:** [ ]  house [ ]  apartmentNumber of rooms: my cat has access to the following rooms: What are the surroundings like: [ ]  country-side, remote [ ]  country side, village [ ]  village loud [ ]  city quiet [ ]  city loud      |
| **Access to outdoors:** Does your cat have access to outdoors?[ ]  yes [ ]  no[ ]  yes onto a secured balcony[ ]  with a cat flap [ ]  microchip controlled[ ]  without a cat flapHow much time does your cat spend outside?  |
| **Litter boxes**How many litter boxes does your cat / do your cats have? Where are the litter boxes located? What type of litter do you use? Do you always use the same litter? [ ]  yes [ ]  noHow frequently do you remove urine and feces from the litter boxes?  |
| **Development** |
| **Origin:** Please describe the place in which your cat spent the first few months of his/her life (e.g. farm, breeder, abroad, remote, quite, loud, clean, etc):  |
| **Kittens**: How many kittens were in the litter? How did they behave?  |
| **Parents**: Did you see your cat’s mother and/or father? How did they behave? |
| **Previous owner(s)**: Did your cat have any previous owners? If yes, what do you know about your cat’s time there? What was the reason for giving the cat away?  |
| **First year of life:** How much contact with people and other cats did your cat have in his/her first year of life?  |
| **Every day life** |
| **A typical day:** Please describe 24 hours of a typical day in your cat’s life: |
| **Sleep**Where does your cat sleep? How many hours per 24 hours does your cat sleep?  |
| **Relaxation**Can your cat relax [ ]  at home alone [ ]  at home with you [ ]  at home with guests  |
| **Being alone**Is it a problem for your cat to be on his/her own? How long per day is s/he alone? Where is s/he when alone?  |
| **Training/communication** |
| **Reward and punishment:** How do you let your cat know when s/he has done something right or wrong, respectively?Reward: Punishment:  |
| **Learning/concentration**How does your cat learn? [ ]  quickly [ ]  medium [ ]  slowlywhy?  |
| **Social behaviour** |
| **Other cats:** How does your cat behave with* Other cats in the same household:
* Other cats outside
 |
| **People** How does your cat behave with* Familiar people:
* Unfamiliar people:
* Children:
* Visitors:
 |
| **Other animals**  |
| **Sexual behaviour** Does your cat show any sexual behaviours (e.g. mounting, marking)?[ ]  no [ ]  yes, namely  |
| **Aggressive behaviour*** Does your cat defend itself when certain parts of his/her body are touched (e.g. paws, ears, back end, etc.)? [ ]  no [ ]  yes,

If yes, please indicate the body parts and describe the context: * Has your cat ever attacked or bitten another cat or a person? [ ]  no [ ]  yes

If yes, please describe the situations: * Does your cat ever show aggressive behaviours (hissing, scratching, biting, etc.)? [ ]  no [ ]  yes

If yes, please describe the situations:  |
| **Specific situations**How does your cat behave in the following situations:* **New** (e.g. new situations, new objects, things that were not there before, etc.):
* **Many stimuli (**e.g. visitors, handymen, etc.):
* **Visual stimuli** (e.g. seeing another cat or person.) :
* **Sounds** (e.g. thunderstorms, fireworks, bangs, wind, etc.):
* **Smells** (e.g. new smells in the house):
* **Touch** (e.g. petting, stroking, clinical exam, etc.):
* **Emotional stimuli** (e.g. fights within the family, loud voices, moods of family members (good or bad), etc.):
 |
| **Further information** |
| Do you have any further information you would like to share? |

**Report**

**[ ]** I would like a short report regarding treatment measures (included in the price)

**[ ]** I would like a more detailed report including an evaluation of my cat: + CHF 100.- (through vet hospital + 7.7% MwSt)

**Veterinarian**

**[ ]** Please send my veterinarian a report as well

**Consent**

May I take videos and photos of your cat during the consultation ? [ ]  yes [ ]  no

May I use the videos/photos for teaching purposes (students/lectures)? [ ]  yes [ ]  no

May I use pictures taken of your pet (without people) for publications, e.g. handouts, articles, books? [ ]  yes [ ]  no