# Cat Questionnaire

Date of consultation:

Please EMAIL me back the questionnaire as a WORD document to the email address: [medvet@mayanimal.ch](mailto:medvet@mayanimal.ch)

|  |
| --- |
| **Contact details** |
| First name, Last name |
| Street and house number |
| Zip code and town |
| Tel |
| Email |
| Where 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 diet  When 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  apartment  Number 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 flap  How 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  no  How 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  slowly  why? |
| **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? |

**Veterinarian**

Please send my veterinarian a report as well

**Consent**

May we take videos and photos of your cat during the consultation ?  yes  no

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