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Sydney Animal Behaviour Service



CAT QUESTIONNAIRE

Before your consultation we need as much information about you and your cat as possible in order to give you the best advice.

Please answer the following questions as completely as possible and bring the completed form with you at the time of your appointment. If you have a Telephone Consultation scheduled, please either mail, email or fax the completed form to us, prior to that time along with a video of your pet. This video should be a “day in the life” of your pet- where it eats, sleeps and plays. It should NOT contain any episodes of aggression if that is the problem.

The completed behaviour record helps us to assess the environment, social interactions, and behaviour of your cat, and hence determine the possible cause(s), prognosis and specific treatment protocol for the behaviour problem(s). Specific questions about the problem behaviour(s) will be asked during your visit/telephone call.

Please fill in a separate form for each pet that has a behavioural problem. Please fill in as much as you can before the consultation to assist us during the behavioural assessment.

GENERAL INFORMATION

Your Name: _____
Address: _____
Home Ph: _____
Mobile Ph: _____
Email: _____
Post Code: _____
Work Ph: _____
Fax: _____

Preferred method contact

Home phone Mobile Phone Work Phone Email Other

Pet's Name: _____
Breed: _____
Date of Birth: _____ Age: _____
Weight: _____

Sex: Male Female Desexed?: Yes No

How did you hear about SABS?

Veterinarian Google search Media Friend Other

Who referred you? _____

Who is your regular Veterinarian?

Dr: _____
Clinic Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

CAT'S BACKGROUND

Why did you decide to acquire a cat?

Where did you get this cat?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Stray | <input type="checkbox"/> Pound |
| <input type="checkbox"/> RSPCA (location) | | <input type="checkbox"/> AWL (location) |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Pet Store | <input type="checkbox"/> Breeder – Newspaper |
| <input type="checkbox"/> Breeder –Referral | <input type="checkbox"/> Internet | <input type="checkbox"/> Gumtree etc |
| <input type="checkbox"/> Other: _____ | | |

Why did you choose this particular breed?

How old was this cat when you acquired it? _____

If known: How many littermates?
 Males: _____ Females: _____

How many animals did you have to choose from?

Why did you choose this cat over the others? (please be specific and tell us who chose the pet and why):

Did you choose this sex (male/ female
?)

Why?

Describe your cat's behaviour as a kitten:

Please describe your cat's behaviour in general now:

Do you have any news about littermate behaviour? (Please describe)

Did you meet your cat's parents?

Mother: Yes No Father: Yes No

If Yes, please describe their behaviour:

Has this cat had other owners? Yes No

If yes, how many? _____

Why was this cat given up?

Have you owned cats before? Yes No

Have you owned other pets before? Yes No

What happened to your last cat?

MEDICAL HISTORY

At what age was your pet neutered/spayed?

Why was this done?

Were there any behaviour changes after neutering? (please describe)

Has your cat ever been bred? Yes No

Are you planning to breed? Yes No Unsure

If you have an entire female, when was she last in season?

If she has had a litter, was she a good mother?

Does your cat carry toys or objects or 'mother' other animals?

Is your cat on any preventative medication such as worming treatments, heartworm preventatives, flea preventatives?(i.e.Revolution, Frontline, Advantage)

Yes No

If Yes, please list all medications including dose and frequency

Does your cat have any current or recurring medical problems? (Please Describe)

Is your cat on any medication **now** for any medical problems? (ie cortisone, anti-biotics.)

Yes No

If Yes, please list all medications including dose and frequency, what they are for, and expected completion date:

Has your cat been on any medication *in the past* for any medical problem?

Yes No

If Yes, please list all medications, what they were for, and when your cat was last dosed:

Is your cat on any medication now for its behavioural problem? (including herbal treatments such as Rescue Remedy, St John's Wort etc)

Yes No

If Yes, please list all medications including dose and frequency:

What response has there been to each medication?

Comments?

DIET AND FEEDING

Who feeds the cat?

Where do you feed the cat?

Why do you feed the cat there?

What do you feed your cat? (Please be specific, eg Brand name)

How much do you feed? (Please be specific)

Meal times _____am _____pm _____other

Does your cat eat all the food at once? Yes No

If not, how long do you leave it down? _____

Where is the cat when *you* eat?

What is your cat's favourite food treat?

Any other Comments?

HOME ENVIRONMENT

Please list the people, including yourself, living in your household:

Please mark with an asterisk () all who will be attending the consultation including yourself, and note any other people that may be coming with you (eg friend, trainer, etc.)*

NAME	OCCUPATION	HRS AWAY FROM HOME	AGE

Please list all of the animals, **including the one you are bringing in to see us**, in your household.

Name	Species	Breed	Sex/Desexed	Age Obtained	Age Now

In what sequence were the above animals obtained?
(Please number the animals in the table above)

What is your cat's relationship to the other animals? (eg. friendly, hostile, fearful)
Please describe:

Do you have any physical disabilities that affect your ability to interact with your cat?

What type of area do you live in?

City Suburbs Semi Rural Rural

Please describe

What type of house do you live in?

Apartment – 1 bedroom

Townhouse

House

Duplex

Apartment – 2+ bedrooms

Attached house

Other: _____

Have you moved since acquiring your cat?

Yes

No

If Yes, how many times? _____

How long since the last move?

Has your household (people or animals) changed since acquiring your cat?

Yes

No

If Yes, please describe:

DAILY SCHEDULE

Do you play with your cat? Yes No

If so, how do you play with your cat?

What are your cat's favourite toys?

What other toys does your cat have?

Is your cat 'leash' trained? Yes No

Can your cat use a pet door/cat flap? Yes No

Does your cat signal that it wants to go outside?

How does your cat signal that it wants to go outside?

What percentage of time does your cat spend indoors or outdoors?

% indoors _____ % outdoors _____

When your cat is outdoors, is it:

Unsupervised On Leash Supervised In A Cat Park/Enclosure

How does your cat behave when you are leaving the house?

How does your cat behave when you return?

If left alone, where is the cat?

Where does your cat sleep at night? (please be specific, ie outside, inside, in your bedroom, on your bed etc)

Where is your cat when you have guests?

Why?

How does your cat behave with familiar visitors? (children or adults)

How does your cat behave with unfamiliar visitors (children or adults)?

How does your cat behave with the veterinarian?

When does your cat 'Meow'?

When does your cat hiss/growl?

How does your cat behave when he sees other cats through the window or in the yard?

Please describe a typical 24 hour day in your cat's life: i.e. time he gets up, time fed etc.

Midnight

1am

2am

3am

4am

5am

6am

7am

8am

9am

10am

11am

12noon

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

ELIMINATION BEHAVIOUR

Does your cat use a litter tray? Yes No

Did you litter train your cat? Yes No

How did you litter train your cat?

Does your cat ever eliminate inside the house, but outside the litter tray? Yes No

If Yes, Does your cat –

Urinate

Defaecate

Both

How many litter trays do you have?

Where are they located? (Please be specific - which room, which floor etc.)

What kind of trays are they? (Please describe and include number of litter trays you have)

How old is each tray?

Do you use a liner in the litter tray? Yes No

If Yes, what do you use? (i.e. plastic liner, newspaper)

What type of litter do you use? Please be specific.

Have you recently changed brands?

Why?

What brand did you previously use?

How often do you change the contents of the litter tray?

How do you clean the tray?

How often do you clean the tray? (Please be specific)

Does your cat cover urine or faeces in the litter tray?

SOCIAL BEHAVIOUR

How would you describe your relationship with your cat?

Has your cat had any training?

Does your cat respond to any cues such as sit, come etc? (Please specify which cues)

Does your cat know any tricks? (please describe)

Does your cat have a scratching pole or favourite scratching area? (Please Describe)

Have you exhibited your cat in breed shows? Yes No No, but I plan to.

Does your cat lick you? Yes No

Does your cat groom, lick or bite himself excessively? Yes No

Does your cat's skin 'ripple'? Yes No

Does your cat mount people? Yes No
If yes, whom does your cat mount?

Does your cat mount other cats? Yes No

Does your cat mount other animals or objects? Yes No
If yes, please describe:

What is your cat's activity level in general?

Low Average High Excessive

PRESENTING PROBLEM(S)

Why are you seeking help/advice?

What has prompted your visit?

What is the main behaviour problem or complaint?

1.

Why is the behaviour a problem?

Does your cat have any other problem behaviours (please list)

2.

3.

4.

Why are these behaviours a problem?

How frequently does the problem (or problems) occur? (i.e. how many times daily, weekly or monthly):

Problem 1.	_____	Frequency:	_____
Problem 2.	_____	Frequency:	_____
Problem 3.	_____	Frequency:	_____
Problem 4.	_____	Frequency:	_____

Please describe how the problem developed over time (chronology):

When did you first notice the main problem?

When did it become a serious concern?

Why?

In what general circumstances does the cat “misbehave”?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

How?

Did the secondary problems develop at the same time?

To help us better understand your cat’s problem, please describe what occurs when the episodes happen. Try to include as much detail as possible i.e. where it took place, time of day, who was present, what happened, the cat’s body language or how you think the cat felt at the time (eg scared, bold etc) etc.

1. Most recent incident: Date:

2. Second to last incident: Date:

3. Third to last incident: Date:

4. What was the first incident: Date:

Any other significant incidents:

What have you done to try to correct the problem so far?

How do you discipline your cat for this or any other problem?

WHICH OF THESE STATEMENTS APPLY TO YOU:

1. I am here only out of curiosity – the problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that is alright.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.
5. The problem is very serious and I would like to change it. If it remains unchanged I will have my cat euthanased or have to give him/her up.

ANY OTHER COMMENTS?