

Completed forms should be returned to:

Dr Daniel Mills BVSc PhD ILTM MRCVS
Animal Behaviour Clinic
University of Lincoln
Riseholme Park
Lincoln
LN2 2LG



We will then contact you to arrange a convenient appointment
Our ref

Date of first consultation..... Follow up date

Important note

THIS FORM SHOULD BE COMPLETED BY THE PERSON WHO SPENDS MOST TIME WITH THE CAT IN CONSULTATION WITH THE WHOLE FAMILY. PLEASE INDICATE ANY AREAS OF DISAGREEMENT BETWEEN THE FAMILY IT IS ESSENTIAL THAT THE FORM IS RETURNED WITH A SUITABLE VETERINARY REFERRAL FORM.

The cost of a normal feline behavioural consultation is 60£.

Please refer to our website for further information.

FELINE BEHAVIOUR CONSULTATION

Questionnaire completed by (print)..... Signature Date.....

About you

Surname (Mr/Mrs/Miss/Ms) Initials

Address.....

.....Post Code.....

Tel (day) (evening)

e mail

What is the precise problem causing concern? (details will be asked for later on)

What previous experience do you have with cats and have you owned this breed before?

Please list all other household pets, species, name, age whether they are neutered and how your cat gets on with them.

Please list names and ages of other family members who live at home.

How would you describe the relationship of each family member with your cat?

Please include as much information as possible. The more detail available, the more accurate our assessment of the case can be. Diagrams are often helpful in describing the location of things in a room. Use a separate sheet if necessary

Cat's name Breed Sex M/F/Mn/Fn

Date of birth Age when obtained

Source of pet

Ever used for breeding? Yes/No If yes, at what age.....

EARLY HISTORY & DEVELOPMENT

Details of early life if known inc. age of weaning, litter size, etc

.....

Medical history (especially recurrent problems like furballs, cat fight injuries)

.....

Vaccination status Date last wormed

Method of housetraining

Details of any regular visitors and your cat's reaction

Frequent visitors

Occasional visitors

Rare visitors

Reaction to people in general.....

other cats

other animals

When does your cat meow

growl

purr

YOUR CAT'S ROUTINE

Does your cat have access to a garden? Yes/No

Is this controlled or free through a cat door? Yes/No

How much time is spent outdoors each day?

Does your cat catch prey and bring it into the house?

Occasionally Regularly What type.....

Where can the cat normally be found during the day?

Is your cat very active at night?

Where does your cat sleep?

What arrangements are made for the cat if you are away from home for a while, e.g. on holiday?

.....
.....

Does your cat have toys Yes/No Details
.....

Are they used much?

Scratch post Yes/No Description

Do you play games with your cat

Does your cat come when called or do any tricks?

Does your pet show any sexual behaviour, normal or aberrant

Is your pet currently on any medications, supplements etc (such as allergy medication)?

If yes, please list name and dosage.

Has your pet been on medication for his/her behaviour in the past? If yes, please list name and dosage.

Is your pet on any medication for his/her behaviour now? If yes, please list name and dosage.

Diet

Feed type Amount Time

Fed by whom Where Appetite good/poor

How much does your cat drink each day? Water Milk

Supplements or titbits

Favourite foods

Does your cat prefer to eat or drink in a particular area

Environment and activity

Type of home (i.e. flat, etc) Degree of access by cat

Litter box Yes/No How many Type

Shape Size Position

Litter/Liners Always the same make Yes/No

How often is the litterbox cleared

and completely cleaned out

Does your cat tolerate (T) or enjoy (E) or resist (R) Handling T E R Grooming T E R

Does your cat groom itself a lot? Yes/No Where

How do you correct your cat when he/she misbehaves

.....
Please list below and rank the five edible things your cat is most fond of. (rank 1 = favourite)

- 1
- 2
- 3
- 4
- 5

Please list below and rank the five toys or items your catis most fond of. (rank 1 = favourite)

- 1
- 2
- 3
- 4
- 5

The Current Problem

If you have any video footage of the behaviour or it is safe to gather some, please include this with your questionnaire.

When did it begin?

How long has it been present?

How old was the cat when it began?

Where does it occur?

With whom?

How often?

Please describe the first incidence of the behaviour, that you can recall, the most recent and one other which you remember clearly, i.e. 3 incidents in total.

Use separate sheets as necessary.

How frequently does the problem occur? __times per day, __times per week __times per month __times per year.

When does the problem occur?

When left alone? __always __usually __rarely __never

When family members are present? __always __usually __rarely __never

What has been done to correct the problem?

Is the problem getting - better worse no change

Do you suspect any cause?

Other details of the main complaint (Use a separate sheet if necessary).....

.....

.....

Any other behavioural problems? eg. scratching, house soiling, spraying , excessive meowing, plant eating, aggression?

.....

What are the feelings of **EACH** family member about your pet's present behaviour?

Under what circumstances would you consider euthanasia?

What do you hope to achieve in the end with your cat?

Is there anything else you would like to add about your cat and its behaviour?

Please give any other information you think is relevant to the case.....