



Feline Behaviour Questionnaire

Langford Animal Behaviour Clinic

The questionnaire may seem rather detailed, but as I am sure you can appreciate, the development of behaviour problems can be extremely complex, and a lot of information is sometimes required in order to make an accurate diagnosis. Obviously, not every aspect of the questionnaire will be relevant to your pet's problem, so do not worry about leaving blank those sections that are not applicable to your situation.

Please email any pictures, videos and house plans that are relevant to us via a file-sharing website such as www.wetransfer.com

Our email address is behaviour@langfordvets.co.uk

PLEASE DO NOT PUT YOURSELF, YOUR CAT OR ANY OTHER PEOPLE OR ANIMALS IN AN UNSAFE SITUATION JUST TO GET A VIDEO OF THE BEHAVIOUR.

Your descriptions and our observations of your cat during the consultation will give us all the information we need without risking injury to yourself, your cat or other people and animals.

General Information

Date:

Name:

Address:

Home phone number:

Mobile phone number:

Email:

Veterinarian's Name:

Veterinary Clinic:

Clinic's phone:

Clinic's email:

Pet Information

Pet's Name:

Date of birth or estimated age:

Breed:

Colour:

Sex (circle as appropriate): Male entire Male castrated Female entire Female spayed

If appropriate, at what age were they castrated or spayed?

How old was your cat when you got them?:

Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU

T: 0117 394 0513 • E: sah@langfordvets.co.uk • W: langfordvets.co.uk

Limited Company, Incorporated in England and Wales No: 06798554

Langford Veterinary Services Ltd is a wholly owned subsidiary of the University of Bristol



Where did you get them from?:

Home environment

(This section provides general information on your cat's environment and routine)

Please list each family member, including age, their level of interaction with your cat, and how your cat responds to each one:

Please list any non-family or other people that your cat may interact with:

Please list all pets at home, their species and breeds, and how your cat interacts with them:
(If your cat has a problem with one of your other pets, please describe it below in main problem section.)

Please list which family members or pets will be coming to the consultation with you:

Resources in the home

Please provide us with a floor plan of your house including all areas your cat has access to. On the floor plan please clearly mark where each of the following resources are located;

1. Food bowls
2. Water bowls
3. Litter tray
4. Resting places
5. Cat tree or shelving to allow climbing
6. Scratching post / trees or any areas where your cat scratches
7. If applicable – any locations, you have seen/noticed urine spraying or elimination outside of the litter tray
8. Windows and doors – mark if you have seen your cat watching out of a particular window or if you have seen other cats from a window or doors

Rest and sleep

Please describe when your cat stays home alone, how long, and where:

Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU

T: 0117 394 0513 • E: sah@langfordvets.co.uk • W: langfordvets.co.uk

Limited Company, Incorporated in England and Wales No: 06798554

Langford Veterinary Services Ltd is a wholly owned subsidiary of the University of Bristol



Briefly describe the following about your cat's sleep;

1. Where does your cat sleep in the day?
2. How long do you think your cat sleeps in a day.
3. Are they easily disturbed when resting or sleeping?
4. Where does your cat sleep over night?
5. How long do you think your cat sleeps overnight?
6. Are they easily disturbed, or do they wake you overnight?

Food and water

Briefly describe your cat's feeding routine including

1. location – please mark on the floor plan
2. times food is offered
3. what diet you currently feed them – wet, dry, raw, etc
4. appetite – do they eat all or pick thought the day?
5. What type of bowl you feed them from

Do you ever use feeding toys e.g., Kitty Kong toys, Cat Activity Fun Board, or balls when feeding your cat?

If yes, please list what you use.

Do you use treats (e.g., Dreamies, lick-e-lix etc)?

If yes, briefly describe when, and your cat's favourite treats

Litter tray use and elimination

Does your car ever pass urine and or faces outside of the litter tray in the house?

If yes, please describe where your cat is soiling, and specify if it is urine, stools, or both. Please mark these areas clearly on the floor plan.

What do you currently use to clean the areas where you have found urine and or faeces?



Please mark all litter trays on your floor plan and answer the following questions about them;

- Type of tray – covered, uncovered, self-cleaning etc
- Type of litter currently being used
- How often do you change the type of litter
- How deep is the litter in the litter tray?
- How often do you remove urine and faeces from the trays
- How often do you completely empty and clean the trays
- What do you use to clean the litter trays?
- Do you use plastic litter tray liners?
- Do you use any scented litter deodorizing beads

Does your cat use scratching posts?

If yes, please mark them on your floor plan and describe the type/s you have;

Do you limit your cat from certain areas in the house?

If yes, please describe where and why:

Routine and play

Please describe your cat's daily routine including play, grooming, and outside access.

Please describe your cat's favourite play, game, or toy:

Please send any pictures or videos of the home environment that are relevant to the information you have given above.

Interactions:

Can you safely handle your cat (e.g., brushing, wiping feet, picking up and administering medication)?

If not please describe what happens when you try to do this, including what your cat's eyes, ears and tail do and if there is any vocalisation (meow, growl hiss etc)

Do you train your cat?

If yes, please briefly describe:

Please list the commands your cat knows, and the degree of responsiveness (e.g., responds sometimes, only with treats, or always):

Your cat's health:

Does your cat have any current medical problems to your knowledge?

Do you know of any previous medical problems?

Are they on any current medication, herbal or homeopathic remedies?

If so, please complete the table below.

Name of products	Strength of product	Dose you give	How often you give the product
<i>EXAMPLE Onsior tablet</i>		<i>One tablet</i>	<i>Once a day in the morning</i>
<i>EXAMPLE Milbemax wormer</i>	<i>Adult cat tablet,</i>	<i>One tablet</i>	<i>Every 3 months</i>

Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU

T: 0117 394 0513 • E: sah@langfordvets.co.uk • W: langfordvets.co.uk

Limited Company, Incorporated in England and Wales No: 06798554

Langford Veterinary Services Ltd is a wholly owned subsidiary of the University of Bristol



--	--	--	--

How does your cat behave in the veterinary practice?

How does your cat respond to handled/ examined by unfamiliar people i.e. Vets / Groomer etc?

Your cat's main behaviour problem(s):

If your cat has more than one problem, please provide details of all your concerns as detailed below.

Problem 1

Please describe the problem including the following details;

1. What may trigger the behaviour?
2. What do you see your cat's eyes, ears and tail doing when they show this behaviour?
3. Any vocalisations you may hear.
4. Can you interact with them or distract them when they show this behaviour?
5. When does the behaviour usually occur? Is it in any particular circumstances?
6. On average, how frequently does the problem occur?
7. Do you think it is becoming more frequent, less frequent, or staying about the same?
8. Describe where the behaviour occurs? Is it always in the same place?
9. Who is usually present at the time?

When did this behaviour first start? If possible, describe the first incident.



Can you describe the last incident, and when did it occur?

Problem 2

Please describe the problem including the following details;

1. What may trigger the behaviour?
2. What you see your cat's eyes, ears and tail doing when they show this behaviour
3. Any vocalisations you may hear.
4. Can you interact with them or distract them when they show this behaviour?
5. When does the behaviour usually occur? Is it in any particular circumstances?
6. On average, how frequently does the problem occur?
7. Do you think it is becoming more frequent, less frequent, or staying about the same?

8. Describe where the behaviour occurs? Is it always in the same place?
9. Who is usually present at the time?

When did this behaviour first start? If possible, describe the first incident.

Can you describe the last incident, and when did it occur?

Problem 3

Please describe the problem including the following details;

1. What may trigger the behaviour?
2. What you see your cat's eyes, ears and tail doing when they show this behaviour
3. Any vocalisations you may hear.
4. Can you interact with them or distract them when they show this behaviour?

Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU

T: 0117 394 0513 • E: sah@langfordvets.co.uk • W: langfordvets.co.uk

Limited Company, Incorporated in England and Wales No: 06798554

Langford Veterinary Services Ltd is a wholly owned subsidiary of the University of Bristol



5. When does the behaviour usually occur? Is it in any particular circumstances?
6. On average, how frequently does the problem occur?
7. Do you think it is becoming more frequent, less frequent, or staying about the same?
8. Describe where the behaviour occurs? Is it always in the same place?
9. Who is usually present at the time?

When did this behaviour first start? If possible, describe the first incident.

Can you describe the last incident, and when did it occur?

If your pet is an intact female, is the behaviour related to her seasons?

Do any related cats (e.g., parents or siblings) have similar problems?

Have there been previous attempts to manage this problem?

If yes, please describe the following for each problem you have listed above.

1. Training used.
2. Tools used – clicker, physical barriers, separation from you etc.
3. Medication or supplement you tried at the time.
4. Do you think any of these treatment methods helped with the behaviour problem?
5. Has any treatment method improved or aggravated the situation?



Reactions to various situations:

Please describe how your cat reacts to each of the following situations, including;

1. What their eyes ear and tail are doing
2. Does the hair come up on their back?
3. Do you hear any vocalisation?
4. Do they approach or move away?

Familiar people (including children) arriving at the home:

Unfamiliar people (including children) arriving at the home:

Seeing and / or meeting familiar people (including children) outside of the house

Seeing and / or meeting unfamiliar people (including children) outside of the house:

Seeing and / or meeting unfamiliar cats and other animals in the garden / outside the house:

Car rides:

Where does your cat travel in the car?

Loud noises (e.g., thunder, fireworks, vacuum cleaner, or other sudden loud sounds):

New environments / locations:

Changes in routine:



Being left alone at home:

During veterinary visits?

How long it takes your cat to settle down once they have reacted to any of the above situations?

Other behaviours:

These are behaviours that your cat may display in a repetitive manner and out of context. Specific behaviours may appear normal; however, it is important to consider the duration, frequency, and intensity of the behaviour.

Does your cat spin, circle, or chases its tail?

If so, please describe:

1. When it is likely to occur?
2. If you can interact with or distract them while they are doing it?
3. How often does it occur?
4. Have they caused themselves any injury while doing it?

Does your cat lick excessively? (e.g., itself, you, surfaces, or objects)

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?
4. Have they caused themselves any injury while doing it?

Do you see frequent lip licking, yawning, head and body shakes, stretching, or tail flicking?

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?



Does your cat follow you around the house constantly?

Does your cat spend long periods of time observing the street from the windows?

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?
4. Have they or you seen any other cats from that window?

Do you notice any hallucinatory behaviours? (e.g., snapping at imaginary flies, chasing reflection or shadows)

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?
4. Have they caused themselves any injury while doing it?

Does your cat show skin rolling or rippling along the back?

Other questions

Is there any additional information relevant to your cat's behaviour we have not covered in the questions above?

What are your priorities regarding your cat's behaviour?

What are your long-term expectations with regarding to your cat's behaviour?

Do you have any upcoming changes to your routine, works pattern or home environment which will impact your cat?



Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU
T: 0117 394 0513 • E: sah@langfordvets.co.uk • W: langfordvets.co.uk

Limited Company, Incorporated in England and Wales No: 06798554

Langford Veterinary Services Ltd is a wholly owned subsidiary of the University of Bristol