

Companion Animal Behaviour Referrals

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**CERTIFIED CLINICAL ANIMAL BEHAVIOURIST AND
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FELINE BEHAVIOUR PROBLEM HISTORY SHEET

Date:

Owner's Name:

Address:

Post Code:

Telephone/Fax: Day:

Home:

Referring Veterinary Surgeon:

Usual branch attended:

Telephone:

GENERAL INFORMATION

Pet's name:

Age:

Sex:

Breed:

Colour:

Neutered: Y/N

At what age?

Reason?

Did you notice any changes after neutering?

EARLY HISTORY:

How old was your cat when you obtained it?

Where did you get your cat?

How many adults are there in the household?

How many children – give ages?

Does the cat interact with everyone or does it have favourites – if so, who?

Do you have other pets?

Species: Breed: Sex: Age: How does the cat interact with them?

DIET:

What do you feed your cat?

How many times a day is it fed?

At what times?

By whom?

Where?

Do you give any supplements e.g. Vitamins and how often?

Does your cat enjoy its food or is it fussy?

What type of tit-bits does the cat enjoy?

Does the cat like cat-nip?

Does the cat hunt?

What does it hunt?

What does it do with prey once caught?

MEDICAL HISTORY:

Does your cat have any current medical problem of which you are aware?

Do you know of any previous medical problems?

Is your cat on any medication – please include any homoeopathic or herbal remedies?

ENVIRONMENT:

Does the cat have access to all areas of the house?

Does the cat go outside – if so is it supervised?

Is there a cat flap?

Is the cat allowed out at night or just during the day?

Does the cat stay out for long periods of time? How long?

Does the cat stay on the doorstep, stay in the garden or visit other areas?

Where does the cat sleep during the day?

Where does the cat sleep at night?

Does your cat use a scratching post? Where is it?

Does your cat scratch items inside the house?

Does the cat scratch things outside the house?

For how long is the cat alone in the home?

What is the cat's reaction to this?

What does the cat do when guests visit?

Please use the other side of these sheets to draw a simple plan of:

1. The general area that your cat uses when exercising or hunting outside,
2. The general layout of each floor of your home, shading areas to which the cat never gains access.

Please try to mark onto the plan the sites of doors, cat flaps, feed bowls, sleeping places and litter trays. Also, sites of inappropriate toileting, spraying, scratching or chewing, property boundaries at which the cat may come into contact with other cats, dogs, traffic or children. You may find that a simple key will help.

EXERCISE:

Does your cat play? How often per day?

Who does it play with?

When is the cat most interested in play?

What does the cat like to play?

Does the cat have a specific play centre?

Does the cat have favourite toys and what are they?

Does the cat tend to follow you or any other family member around the house?

Does the cat sit on laps – if so whose and for how long at a time?

Does the cat enjoy being stroked and for how long?

Who finishes the interaction and how?

Do you ever have any problems associated with stroking the cat?

Does the cat ever chew or suck on anything? If so what type of materials does it like and when does it do this?

TOILETING:

Does the cat use a litter tray indoors and what type of litter do you use?

How many litter trays do you have and where are they?

Does the cat ever toilet in the garden/outside area?

Has the cat ever toileted anywhere other than in its litter tray inside? Where?

Have you noticed the cat spraying inside or outside the house? Where?

OTHER CATS:

Are there other cats in the neighbourhood, e.g. is there a cat next door?

Do any other cats come into your garden?

Do they, or have they ever come into your house?

THE PROBLEM

Describe the problems that you are having with your cat in as much detail as possible – use the back of this page if necessary.

What happens immediately before the cat displays these problems? Try to think of what the cat and you are doing.

What happens to the cat and yourself immediately after?

When did the problem begin? Can you describe the first incidence?

When does the problem occur? Is there a pattern of circumstances?

How frequently does it happen? Is it becoming more or less frequent?

Where does it happen?

Who is usually present?

When was the last incident? Can you describe it?

What do you do if you wish to reprimand your cat?

How does it react?

What have you tried to do to prevent the problem?

DOES YOUR CAT HAVE ANY OTHER PROBLEMS?

Is the cat nervous of:
Children?

Strangers?

Any family members?

Dogs?

Loud noises?

Does the cat tolerate:
Grooming?

Medication?

Medical examination?

REHABILITATION

How much time do you feel able to commit to working with your cat to solve these problems?

What do you envisage happening if the behaviour problem persists?

Thank you for taking the time to complete this questionnaire. Please return it, along with your completed veterinary referral form, (if possible a video showing your cat demonstrating these behaviours under normal circumstances) and your deposit, to reach me no less than 5 days prior to your consultation. If you have any queries, please do not hesitate to telephone me.

I look forward to meeting you and your cat.