Donovan
Veterinary Behaviour
Practice

Feline Behaviour Questionnaire

Client Details

Client Name:

Address:

Email:

Phone:

Please list the names, ages and occupations of each member of the household:

Name	Age	Gender	Occupation	Relationship with cat in question

Patient Details

Cat Name:

Breed: Age (D.O.B): Weight (kg):

Sex: Neuter Status:

Age obtained: Date obtained:

Source (obtained from): Reason for obtaining:

Has he/she ever been used for breeding?

How would you describe your cat's personality?

Have you owned cats previously?

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Feline Behaviour Questionnaire

Have you owned other pets previously?

Please list any current household pets:

Name	Type/Breed	Age	Sex (neuter status)	Relationship with cat in question

With which insurance company is your pet insured? Leave blank if your pet is not insured.

Medical history

Please give a brief description of your cat's medical history:

Which vet practice is your cat currently registered with?

If your cat was registered with another veterinary practice in the past, please provide the details of that practice.

Vaccination status:

Date of last worming:

Is your cat on any regular medication?

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DVBP team accreditations and memberships:

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Has your cat ever been on medication for his/her behaviour? If so, please describe the drug, dose and date(s):

Early history

Please describe, if known, what your cat's early environment was like, including: litter size, early experiences, dam and sire personalities, if reared indoors/outdoors, early interactions with people, etc.

Did your cat attend any socialisation classes as a kitten? If so, please describe:

How well do you think your cat learns?

What is your cat fed? How much and how often?

Where is your cat fed?

If you have more than one cat, please describe where and when they are fed and how they appear to eat if the other cat(s) are nearby:

Please sketch a floorplan of your home to aid description.

Where does your cat sleep/spend time resting?

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If you provide litter trays, please describe how many and where they are located (you can refer to the floorplan if easier):

Does your cat use the litter tray(s)?

Does your cat have access to outdoors? Please describe:

What is your cat's daily routine (including; sleeping, resting, playing, eating, exercising, home alone, etc.)?

What is your cat's usual reaction to;

- Visitors?
- Strangers outside?
- Other animals?

What are your cat's favourite things/things to do?

Have there been any changes in the home or your cat's environment/routine recently?

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What is the current problem?

When was the first incident? Please describe it in detail:

How old was your cat at the first incident?

How often does it occur/how long has it been occurring?

Please describe two more occasions and what you think may have been happening at the time:

1.

2.

What do you think the triggers are for these behavioural issues? Why do you think your cat displays this behaviour?

Have there been previous attempts to rectify the situation? If so, what methods have been used?

Has any form of punishment been used?

Does your cat display any other unwanted behaviours?

How does your cat's behaviour make you feel?

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What outcome would you ideally achieve from a referral behavioural consultation?

Realistically, how many hours do you feel you spend directly with your cat per week, for example, during play, training, exercising, relaxing together, quality time together?

Has euthanasia been considered for your cat?

How did you hear about us at DVBP?

This form is to be completed by the owner or someone with full permission to provide information and authorities.

- ☐ I am the owner
- ☐ I have the required permission

Our experienced clinical animal behaviourists work with our in-house veterinary behaviourists on each of their cases. If deemed necessary, this case may be discussed with our in-house internal medicine specialist.

- ☐ I have read and understood

Permission to use information

- ☐ I consent to photographs and videos of my animal being used in printed and online publicity and promotional materials. What am I consenting to? (www.donovanvetbehaviour.com/promotions/)

- ☐ I consent to student/trainee involvement and the use of consultation information, recordings, photographs and videos for training, education and research purposes. What am I consenting to? (www.donovanvetbehaviour.com/consent/)

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Please note that all consultations are on the basis that a veterinary referral is obtained, access to veterinary records are given and a copy of the vet report will be sent to your vet upon completion.

Do you agree to the Terms and Conditions? (www.donovanvetbehaviour.com/terms-conditions/)

- ☐ I have read and agree to the Terms and Conditions

Thank you for taking the time to complete this form.

Send the completed form and attach any additional information such as reports, floorplans, etc. to: info@donovanvetbehaviour.com Images and videos can be sent via WhatsApp (07877319545).

Please add info@donovanvetbehaviour.com to your safe senders list or check your spam/junk folder in case our response is filtered there in error.

On receipt of your questionnaire, we will contact you regarding payment and any additional information required.

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