

Southern Cross Veterinary Clinic Client Questionnaire (Cats)

Thank you for taking the time to complete this questionnaire. Please fax (041 373 4258), e-mail (scvc@corpdiol.co.za) the completed form back to us or you are welcome to leave it at reception. Dr Kerr will then contact you to make an appointment or to give you advice.

Your details

Surname					
First name				Title	
Tel home			Tel cell		
Tel work			Fax		
Postal address					
Physical address					
E-mail address			Referred by		
Your vet's name & contact no					

Details of all your pets (the one with the biggest problem first*)

Pet's name	Breed and / or colour	Sex	Age obtained	Age now	Sterilised?
*	*	*	*	*	*

Presenting complaint

<p>Please describe the main problem you wish to address</p>	
<p>When did this problem first start and how old was your cat when the problem began?</p>	
<p>Please describe the first incident. When did it take place?</p>	
<p>How often does this problem behaviour occur? Is the problem getting worse, better or staying the same?</p>	
<p>Please describe the most recent incident. When did it take place?</p>	
<p>What other problems would you like to address?</p>	

What have you tried to do to fix the problem (if anything) and what were the results?			
		Y / N	When?
Has your household changed since acquiring the pet?	Death of human in family		
	Death of pet in family		
	Marriage / partner moved in		
	Divorce		
	New baby		
	Child moved out		
	New pet		
	Family moved house		
	Family schedule changed (e.g. job changes)		
	Other (please describe)		
Please describe the type of accommodation you live in			

Details of people in the household (including yourself and everybody who lives in the home permanently)

Name	Age	Relationship to you	Occupation

Details of other people the pet is familiar with (friends and family that visit on a regular, frequent basis, staff etc)

Name & relationship (i.e. friend, staff member etc)	Approximate age	Visits how often?	Cat's reaction to visitor?

More about the problem cat:

If you have more than one cat, please answer the questions marked * for all of your cats. (You can attach a separate page if necessary).

Does your cat have access to a garden or a yard?	
If yes, how does your cat gain access to the garden?	
How much time is spent outdoors by your cat each day?	In winter: In summer:
Does your cat use a litter box on a regular basis?	Yes / No
If yes, please answer the following questions:	
How many litter boxes?	
Describe the type of litter box	
In what location(s) are the litter boxes? (If you prefer to provide a diagram of your home indicating the locations of multiple litter boxes, you are welcome to do so).	

What type of litter?			
How often are the litter boxes cleaned? How often are the litter boxes completely emptied and washed out?			
Do you add odour control granules or powder to the litter box?			
*How often do you observe your cat(s):	Several times a day	Daily	Less than daily
Rubbing against furniture			
Rubbing against people			
Jumping onto ledges, shelves or other high places			
Sleeping			
Playing (please describe):			
Hunting (stalking, chasing, catching or killing prey)			
Scratching (any object)			
Do you have scratching posts? If yes, how many and where are they placed?			
Does your cat have access to ledges, shelves and high places? Please describe			
Do you ever observe strange cats in your property and if so, when and where?			
Are there many cats in your neighbourhood?			
Is your cat agitated by the presence of other cats?			
Does your cat ever fight with other strange cats?	Yes / No. How often?		
*Where does your cat eat?			

*What does your cat eat and who feeds your cat?		
How many food bowls are there and where are these placed?		
*Does your cat have a good appetite and does your cat eat quickly or slowly?		
*Does your cat drink a little or a lot of water?		
*What is your cat's favourite resting place?		
*How many different resting places does your cat have? Describe		
*Where does your cat sleep at night?		
*Is your cat very active at night?		
*Where does your cat sleep during the day?		
*Where is your cat normally to be found during the day?		
How often does your cat meow to get your attention?		
When does your cat purr?		
When does your cat growl?		
Does your cat enjoy, tolerate or resist handling and grooming?		
If you have more than one cat, do you ever observe the following?	Yes / No	How often?
Cats fighting		
Cats staring at each other		
Cats growling or hissing at each other		

	Yes / No	How often?
Cats avoiding each other		
Cats licking and grooming each other		
Cats resting or sleeping in the same place		
Does your cat tend to stay in your garden or does he/she roam?		
Does your cat stay away from home for several days at a time?		
*How does your cat behave when visitors come to the house? Is your cat quick to approach new people?		
*How would you describe your cat's temperament / personality? (For example: playful / hyperactive / nervous/ destructive / aggressive / noisy/ demands attention)		
Does your cat groom or lick more than you would expect?		
Is your cat currently in good health? Does your cat suffer from any recurrent medical problems?		
Is your cat currently on any medications, treatments or supplements?		

Elimination and urine spraying problems (house soiling)

If your cat uses a litter box, does your cat bury the urine and the faeces?	
Is there much digging or scratching in and around the litter box?	
Does your cat ever eliminate (not spray) outside the litter box inside the house?	

Is your cat leaving urine, faeces or both outside the litter box?	
What types of surface or material are you finding urine or faeces on?	
At what time of day do you find urine or faeces outside of the litter box?	
How big is the spot of urine?	
Where is your cat depositing urine/faeces outside of the litter box? Please list the rooms and describe the location of the urine/faeces within these rooms. Please also mention if the deposits are found near windows, doors, furniture etc. How many deposits are there in each room?	
Has there been a change in litter box location or in the type of litter used? Are the litter boxes being cleaned more or less frequently than in the past?	
Have you ever caught your cat depositing urine/faeces outside of the litter box? If yes, how did you react and how did your cat respond?	
What posture does your cat assume when urinating or spraying outside of the litter box?	Standing: Yes / No Squatting: Yes / No
Where is the urine located?	On the floor: Yes / No On the walls/curtains about 6 inches from the floor: Yes / No
Even though you are finding urine or faeces inside your house, is the litter box still being used by the problem cat?	
Are your other cat(s) or pets making it difficult for the problem cat to use the litter box?	
Does your cat have a history of urinary tract infections?	

Anything else you would like to add? How would you ideally like your cat to be?

I will inform Dr Kerr of any changes in my cat's behavior and of any changes to medication. I understand that any of these changes may affect the type and duration of treatment. I will inform Dr Kerr if my cat is receiving treatment elsewhere. I have given all relevant behavioural and medical history and believe the information given to be correct. I give permission for Dr Kerr to exchange information with my veterinary practice about my cat's behaviour. I understand that working through a behavioural problem requires time and patience and I undertake to follow Dr Kerr's advice and treatment plan to the best of my ability. I also understand that certain behavioural conditions cannot be cured and require lifelong management.

NAME: _____

SIGNATURE: _____

DATE: _____