



**FELINE BEHAVIOURAL PROBLEMS  
ENVIRONMENTAL RESOURCES QUESTIONNAIRE FOR CAT OWNERS**

If your cat has been experiencing a behavioural problem such as cystitis or inappropriate elimination, then the following information regarding your cat's lifestyle and environment could prove very useful. Please complete as fully as possible.

**Section A: GENERAL INFORMATION**

**Owner's Name:**

**Date:**

**Cat's Name:**

**Breed:**

**Date of Birth:**

**Age when Obtained:**

**Date Acquired:**

**Source:**

**Reason for obtaining this cat:**

**Sex: MALE / FEMALE**

**Neutered: YES / NO**

**Please list other current household pets:**

Name	Species & Breed	Age	Sex (M/F)	Neutered (Y/N)	Relationship with cat (e.g. avoids / plays / fights etc)

**Please give details of all household members:**

Name	Age	Occupation

**Describe your cat's personality (e.g. shy / nervous / bold / friendly etc):**

.....  
 .....



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Has your cat had cystitis previously: YES / NO

If YES, when: .....

Do you recall any possible triggers for the event (e.g. house move / building work / new furniture / new baby / new pet / change in working hours etc):

- on this occasion? .....
- on any previous occasions? .....

Are there many cats outdoors in the immediate vicinity of your cat? .....

Is your cat agitated by the presence of other cats? .....

Does your cat have access outdoors? YES / NO

Please give details (e.g. garden under supervision / free to roam / use of cat flap etc): .....

.....

How often does your cat go out? .....

Please give details of any cat flaps you have and location around the property (e.g. microchip activated / collar tag activated / manual etc): .....

.....

.....

## Section B: LITTER FACILITIES

Do you provide a litter box? YES / NO

If YES, how many are there? .....

Where are the litter box/es located? .....

.....

Type of litter box/es (e.g. covered / uncovered): .....

Shape & size of litter box/es: .....

Does your cat use a litter box on a regular basis? YES / NO How often? .....

Does your cat use the litter box for: URINE ONLY / FAECES ONLY / BOTH / NEITHER

Does your cat bury it's urine: YES / NO

Does your cat bury it's faeces: ALWAYS / USUALLY / OCCASIONALLY / RARELY / NEVER / DON'T KNOW

Is there much digging and scratching in and around the litter box? YES / NO

Does your cat ever eliminate outside the litter box within the house? YES / NO

If YES, please give details: .....

.....

.....

How often is waste scooped out of the litter box? .....

How often is the litter box fully emptied, cleaned and replenished with new litter?

.....

What do you use to clean the litter box? .....

What type of litter do you use? .....

Do you always use the same brand? YES / NO

Are there odour control granules added? YES / NO

Do you use a litter deodoriser? YES / NO

Do you use litter box liners? YES / NO

What depth of litter do you provide? .....

Have you recently changed the litter material or cleaning solution used? YES / NO



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If YES, when and please give details: .....

Has there been a change in litter box location? YES / NO

If YES, how recent was this and from where to where? .....

## Section C: FEEDING

What diet do you feed your cat? .....

Type of food: WET / DRY / BOTH

How often do you feed your cat? .....

How many food bowls do you use? .....

What type of bowl do you use (*e.g. plastic / ceramic / stainless steel etc.*)? .....

Do you use puzzle feeders? YES / NO

Where is/are the food bowl/s located? .....

Is your cat fed in the same location as other pets? YES / NO

Do you feed any treats or supplements? YES / NO

If YES, what and why? .....

## Section D: DRINKING

How many water bowls does your cat have access to? .....

Where are the water bowls located? .....

What type of bowl do you use (*e.g. plastic / ceramic / glass / stainless steel etc.*)? .....

What type of water do you offer your cat (*e.g. tap / filtered / rain etc.*)? .....

Do you see your cat drinking: OFTEN / OCCASIONALLY / RARELY / NEVER

Do you add any supplements to the drinking water? YES / NO

If YES, what and why? .....

## Section E: CAT SCRATCHERS

Do you provide your cat with cat scratchers? YES / NO

If YES, how many does your cat have access to and where are they located? .....

Are your scratchers: VERTICAL / HORIZONTAL / BOTH

What type of scratchers do you use (*e.g. sisal / corrugated cardboard / carpet mats etc.*)? .....

Do you see your cat using the scratcher/s: OFTEN / OCCASIONALLY / RARELY / NEVER



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## Section F: SLEEPING & RESTING AREAS

Does your cat have access to *(please circle all that apply)*?

CAT BED / CAT TREE / CAT SHELF / WINDOW HAMMOCK / WINDOW SILL / HIDING AREAS  
*(e.g. under beds, behind sofas, in wardrobes)* / TOPS OF FURNITURE *(e.g. chests of drawers)*  
/ OTHER HIGH AREAS *(e.g. back of sofa, table, worktop etc).*

Where are specific cat resting areas located? .....

Does your cat get disturbed when using resting areas?

FREQUENTLY / OCASSIONALLY / RARELY / NEVER

Is your cat disturbed by: OTHER CATS / OTHER PETS / CHILDREN / ADULTS

Does your cat have a favoured resting area? YES / NO

If YES, what type and where is it located? .....

## Section G: PLAY

Do you play with your cat? YES / NO

If YES, how often, and what type of play *(e.g. fishing rod toys, laser beams, fetch etc)*? .....

Does your cat have free access to self play *(e.g. cat nip toys, balls, interactive toys etc)*? YES / NO

Do you rotate / change toys regularly? YES / NO

Do you groom your cat? YES / NO

If YES, how often? .....