



**FELINE BEHAVIOUR AND ENVIRONMENTAL RESOURCES  
QUESTIONNAIRE FOR CAT OWNERS**

If your cat has been experiencing a behavioural problem, for example cystitis, inappropriate elimination, or overgrooming, then the following information regarding your cat’s lifestyle and environment could prove very useful. Please complete as fully as possible, and circle all options that apply.

Please return your completed questionnaire to Sue Glasper ISFM DipFN RVN, who will be in touch to arrange an appointment to discuss Environmental Modification and Enrichment. These appointments take between 1 to 1.5 hours to complete.

**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 give details of all household members:

Name	Age	Occupation	How Does Your Cat Interact With This Person? (e.g. Friendly / Aggressive / Nervous / Avoids Contact)

**Who is your cat’s favourite person? .....**

**How does your cat interact with strangers (e.g. friendly / aggressive / nervous / avoids contact)?.....**  
 .....



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Please list other current household pets:

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

If you have other cats or pets in the household, have you recently seen your cat responding to them in any of the following ways:

*Playing together / sleeping together / mutual grooming / being aggressive (e.g. hissing; growling; swiping) / running away*

Please give further details: .....

.....

How do you think your pets get along? .....

.....

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

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

Can your cat see other animals from inside your home (*please give details*)? .....

.....

Does your cat have access outdoors? YES / NO

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

.....

.....



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## Section B: PROBLEM BEHAVIOUR

Please describe your cat's problem behaviour: .....

.....  
.....

How long has your cat been displaying this problem? .....

.....  
.....

Do you remember the first incident (*please describe*)? .....

.....

Has your cat had this problem previously? .....

### FOR HOUSE-SOILING PROBLEMS

If your cat urinates when house-soiling, how would you describe the urine?

*Normal / large volume / small volume / strong odour / sticky consistency / bloody / passed more frequently than usual / passed less frequently than usual / other*.....

If your cat defecates when house-soiling, how would you describe the stools?

*Normal / small and hard / soft and watery / blood or mucous / formed in part then softer / other*.....

What kind of surface is targeted?

*Carpet / wood / vinyl / tile / bedding or clothing / bath, shower, sink / a particular family member / other*.....

Is the cat targeting vertical surfaces with urine? YES / NO

If yes, what volume approx. is being passed? .....

How often is the house-soiling occurring:

*Once daily / multiple times daily / weekly / other*.....

How has the frequency changed since the problem started:

*Increased / decreased / remained the same / don't know*

Please detail what you have been doing to clean the soiled areas: .....

.....

Have you used any physical punishment in response to the house-soiling (*e.g. rubbing nose in the excrement; water pistol; shouting; confinement etc*)? *Please describe:* .....

.....

Have there been any changes recently at home (or around the time when the problem behaviour started)?

*House-move / new baby or new pet / absence of family member or pet / building work / redecorating / new furniture / change in work or school schedule / other* .....

.....  
.....

Is your cat easy to medicate? YES / NO

What are your preferred formulations for any medications?

*Pills / medication in food / oral liquids / transdermal gel (where available)*



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## Section C: 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/ automatic*): .....

.....

Shape & approx. 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 its urine: YES / NO

Does your cat bury its faeces: ALWAYS / USUALLY / OCCASIONALLY / RARELY / NEVER

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

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 D: FEEDING

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

Type of food: WET / DRY / BOTH

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

Have you changed your cat's food recently (*if so, when*)? .....

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? .....



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

Please give details: .....

Do you feed any treats or supplements? YES / NO

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

## Section E: 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 F: 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**

## Section G: 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 / OCCASIONALLY / 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? .....



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## Section H: 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

Please give details: .....

Do you rotate / change toys regularly? YES / NO

Do you groom your cat? YES / NO

If YES, how often? .....

## Section I: HOUSE FLOOR PLAN

Please draw a basic house plan in the boxes on the following pages, for each floor of the house your cat has access to.

Please mark all the items listed below on the plan to help us get a feeling for your cat's home environment. *This is an important component to the questionnaire but does not need to be to perfect scale.*

A = Litter box locations

B = House-soiling locations

C = Windows and doors (please note if floor length windows / glass doors)

D = Scratching post locations

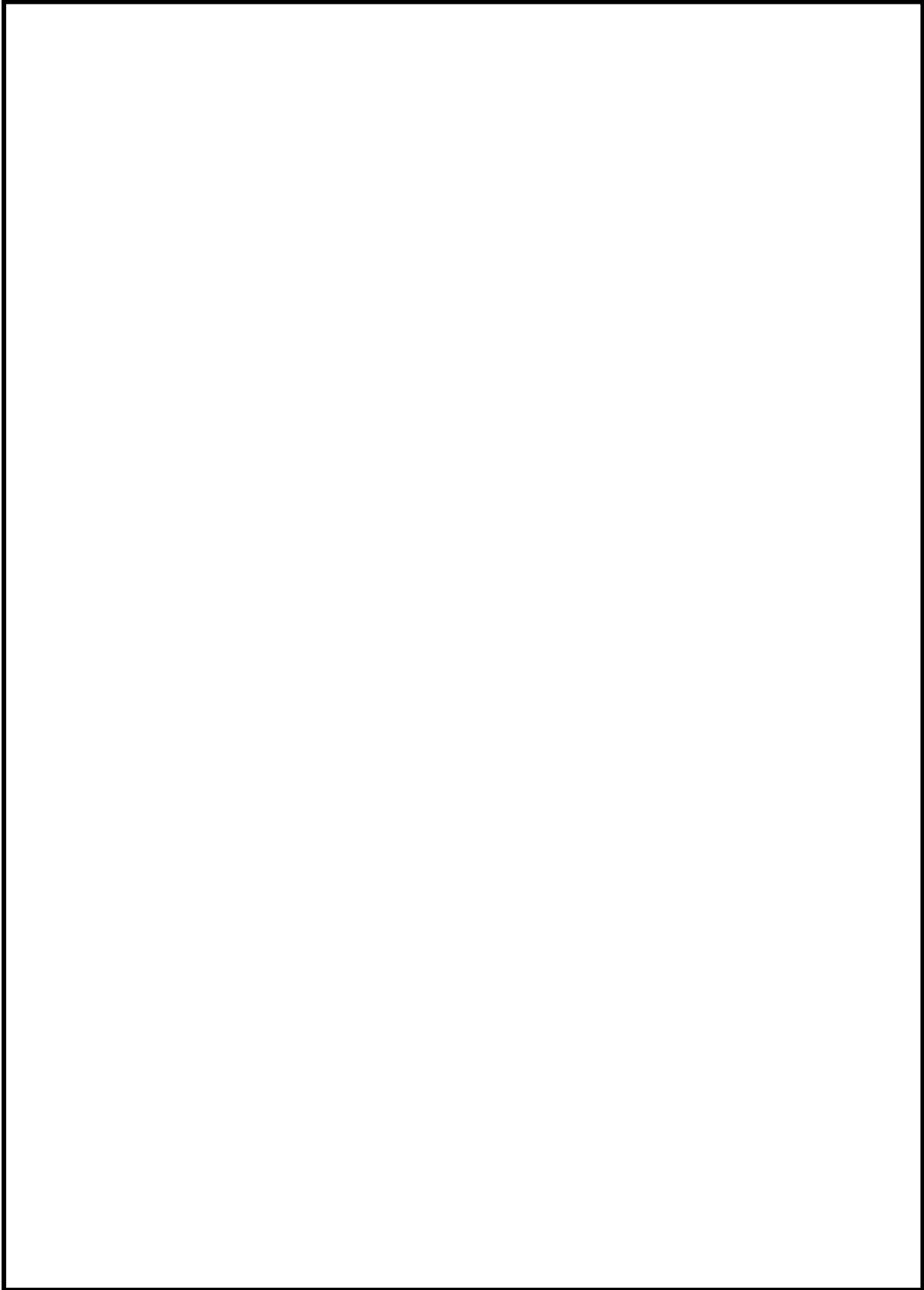
E = Food and water bowl locations

F = Cat doors or flaps

Please number any house-soiling locations in chronological order in terms of when you became aware of deposits in these locations (e.g. B1, B2 etc).



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