

Behaviour check list

Date:	Cat's name:	Breed:
Sex:	Age:	How long owned?:

Background

Including this cat, what is the total number of cats you have in your house?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
How many dogs do you have in your house?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
Do you have any other pets that your cat interacts with? If Yes, what? ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
What people does your cat regularly interact with in the house	<input type="checkbox"/> Adults <input type="checkbox"/> Teenagers <input type="checkbox"/> Young children
Is your cat allowed to wander freely outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your cat use a cat flap to go in and out?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Behaviour

Does your cat ever urinate in the house outside the litter tray?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat ever defecate in the house outside the litter tray?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat ever spray urine? (Cat backs up to a vertical surface, lifts its tail, and sprays a small stream of urine)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat ever show signs of aggression to people (including hissing, biting or scratching)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If there is any aggression, is this directed to certain specific people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat exhibit any fearful behaviour that concerns you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat show any unwanted behaviour, such as scratching or chewing objects in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Has there been any change in your cat's behaviour or temperament?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat have any problems interacting with other cats in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your cat have any problems interacting with other cats in the neighbourhood?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure



from



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