

Cat Dermatology Questionnaire

Please complete this form prior to your appointment and email it to David. Instructions in blue.

Part 1: Section 1 please write in details

Your name

Your contact details – phone numbers (all relevant numbers please).....

Email.....

Your cat's name Age Sex Breed

Section 2. Current health concerns you have for your cat Please list. How long ago did each start?

1.....

2.....

3.....

b. Are any problems obviously worse at any time of the year or in any situations or circumstances? yes no

If yes then please give details

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Section 3: Your household – who your cat lives with and comes in contact with

1. Permanent humans in the household **circle all that are appropriate**

1 adult 2 or more adults children 0-1 years old children 1- 5 years children 5-12 years

Children 12-18 years

Please give details.....

2. Other animals in the household **circle all that are appropriate**

1 dog 2 or more dogs 1 cat 2 or more cats small furry pet/s pet bird fish

Please give details.....

3. Do any of these animals have skin problems? Yes No

If yes then please explain.

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4. Does your cat come in contact with any other humans or animals regularly?

Please give details.....

Section 4: General details about your cat

5. Does your cat go outside? Yes No

6. Does your cat hunt? Yes No

7. Current Medications. **Please list all the medication that your cat has had in the last three months** – including anything from the vets, online or from pet shops (including worming and flea control products)

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8. Please tell me what your cat eats at the moment (brand/s, full name/s and flavours)

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And what they have eaten previously?

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9. How good is your cat at trying new foods? **Circle the most appropriate**

Very fussy

quite fussy

will try new things

Section 5: Your cat's skin disease

10. When the skin problem started, what was it like then? Which parts of the body were affected initially?

(I am particularly interested in knowing whether it was itchy to start with). **Please give details**

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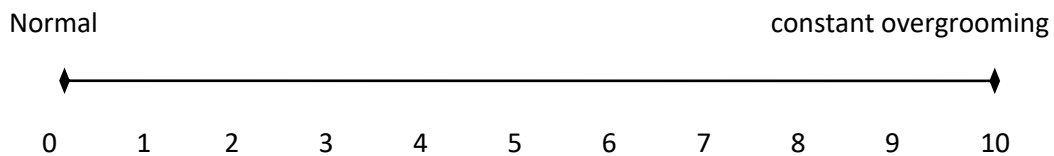
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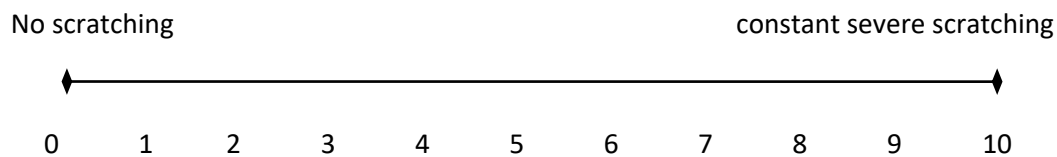
11. Which parts of the body are now affected? **Please circle all that are affected.**

- face external ears ear canals neck back tail
- under tail/bottom sides Underneath/belly legs feet

12. How much grooming (licking and pulling out fur) does your cat do at the moment? **Please mark on this line how excessive you think the grooming is currently.**



13. How much is your cat scratching at the moment? **Please mark on this line how bad you think the scratching is currently.**



14. Please list any other conditions and diseases that your pet currently has

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15. And last of all please tell me anything else that you think I should know

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thank you very much

David Godfrey Dermatology

Part 2: Your cat's more detailed behavioural history

Cat's Name

Section 1: Your cat's detailed history. circle the most appropriate

1. Where did your cat come from?

Rescue centre private household pedigree cat breeder stray we homed not known

2. If your cat was from a rescue centre – where had it come from prior to this

Private household stray with human contact street cat with some human contact

Feral with no prior human contact not known

3. How old was your cat when it came to you?

Less than 8 weeks old 8 to 12 weeks old 3mths to 1 year old an adult cat not sure

4. Had your cat previously lived with any of the following? **circle all that are appropriate**

Dog/dogs other adult cat/s (other than mother) children baby not known

5. Your cat's temperament when they came to you. **circle all that are appropriate**

outgoing timid friendly fearful curious unpredictable

aggressive relaxed playful attention seeking adventurous affectionate

Section 3: Your cat's home life. circle the most appropriate

6. Why type of home do you have? Flat house/ no garden house with garden

7. Your home's location Rural Suburban Urban

8. How would you describe your home? Quiet Lively Chaotic

9. Your cat's life-style

Indoors only Access to outside when we open the door Free access to outside via cat flap whenever wants
 Free access to outside during day free access to outside during night Lives mainly outside

10. Non-household cats

Other cats regularly come in our house other cats regularly in our garden other cats in the neighbourhood

11. Do you have other pet cats in your home? Yes No

If yes then please gives details in the table below

Name	Age	Gender M or F	Neutered Yes/ no	Relationship with the cat with skin disease Please circle all that are relevant
				Sleeps with avoids plays with fights with
				Sleeps with avoids plays with fights with
				Sleeps with avoids plays with fights with

Please add any further details here

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Section 4: Your cat's resources

12. What do you feed your cat?

please give details

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18. Does your cat have indoor scratching posts provided? yes no

If yes, please give details

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19. Does your cat have indoor litter trays provided? yes no

If yes, please give details (no of litters trays, location, hooded or open, type of litter used, how often cleaned out, are these shared with other cats)

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20. Does your cat have opportunities to play with toys each day? yes no

If yes, please give details

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21. Does your cat have opportunities each day for predatory/ hunting behaviour? yes no

22. Does your cat have places which it can rub and mark with its smell which are left uncleaned? yes no

23. Do you use Feliway plug- in or spray products in your home? yes no

If yes, please give details

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Section 4: Your cat's temperament, personality and behaviour and your relationship.

24. Does your cat dislike any of the follow? **circle all that are appropriate**

- | | | | | |
|-----------------------------|------------------------|-------------------|--------------------|------------|
| Rubbing/touching round head | Stroking along back | picking up | being groomed | nail clips |
| Being given medication | going in a cat carrier | going to the vets | being checked over | |

25. Your cat's normal temperament and behaviour at home – **circle the most appropriate in each line**

26. Very shy/ fearful quiet/timid friendly/ affectionate very friendly/ outgoing

27. Likes human attention/ fuss indifferent to human attention doesn't like to be touched

28. Affectionate/ friendly with visitors ignores visitors hides/ goes out when visitors come round

29. Always uses the litter tray always toilets outside sometimes toilets in house outside the litter tray

Please give details of any inappropriate toileting

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30. Never hisses/growls/ bites or scratches humans sometimes hisses/growls/ bites or scratches humans

31. Never hides often hides spends most of the time hiding

32. Always outside regularly goes outside never goes outside indoor-only cat

33. Often plays sometimes plays never plays

34. Grooms itself regularly never grooms itself over grooms – making the coat thin in places

35. Have you seen any changes in your cat's behaviour recently? Yes No

If yes, please give details

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36. Do you have any worries about your cat's behaviour? Yes No

If yes, please give details

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37. How would you describe your relationship with your cat?

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38. Does anyone pick up your cat? Yes No

If yes, please give details of when and by who your cat is picked up

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39. Does anyone in your household ever punish/ tell your cat off? Yes No

If yes, please give details

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40. How can you medicate your cat? Please circle all that are possible

giving liquids by mouth giving tablets by mouth hiding in food treatments on the skin

41. Is there anything else you would like to add, which you feel might be relevant?

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Thank you for completing this detailed questionnaire,

it will help create a plan to decrease any stressors your cat may have

David Godfrey Dermatology