

Office use only

Owner ID Number: \_\_\_\_\_

Annual Visit number: 0

Feline ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

Enrolment Questionnaire for

*Cat PAWS*

## Prospective Ageing and Welfare Study



In partnership with  ROYAL CANIN

Thank you for taking part in *Cat P.A.W.S* and enrolling your cat in the Feline Healthy Ageing Clinic. Any information you give us will be confidential and used only for the purpose of this study. This study has been approved by the University of Liverpool Ethical Review Committee. You do not have to answer any questions you do not wish to and can withdraw from the study at any time

### Instructions:

**This Questionnaire is to be completed once for each cat enrolling at the Feline Healthy Ageing Clinic. We ask that it is completed by the person who spends the most time with the cat and cares for them, this person is referred to later as the caregiver. Please complete this questionnaire and bring it with you to your first wellness clinic appointment. If you are unsure of any questions there will be time to discuss them at the appointment. When the option other is given please add in anything that might apply.**

## Cat's Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Please indicate is age is Known ☐ or Estimated ☐

Sex: Male ☐ Female ☐ Unknown ☐

### 1. Is your cat neutered?

☐ Yes *Please answer 1a* ☐ No ☐ Unknown

a. What age was your cat neutered?

☐ Don't know ☐ 16 – 23 weeks  
☐ 7 – 15 weeks ☐ Over 24 weeks (6 months)

2. What colour is your cat? \_\_\_\_\_

### 3. What breed is your cat? *Domestic refers to a non-pedigree cat or moggie*

☐ Shorted haired domestic ☐ Medium haired domestic  
☐ Long haired domestic ☐ Pedigree cat

Please name breed if Pedigree \_\_\_\_\_

### 4. Where did you get your cat from?

☐ Born at home ☐ From non-pedigree breeder / friend / relative ☐ Other please specify : \_\_\_\_\_  
☐ Pet shop ☐ Stray / feral who turned up at house  
☐ From pedigree breeder  
☐ Rescue Organisation

5. How old was your cat when you obtained them? \_\_\_\_\_



## Please tell us about your cat's lifestyle

### 6. Which best describes the type of home the cat lives in?

- ☐ Apartment or Flat      ☐ Semi-detached house      ☐ Detached house  
☐ Terraced House      ☐ Other: \_\_\_\_\_

### 7. How large is the house? Please give number of bedrooms: \_\_\_\_\_

### 8. Does the cat have access to the whole house?

- ☐ Yes      ☐ No

If No please describe where the cat has access to: \_\_\_\_\_  
\_\_\_\_\_

### 9. Is there any outside space?

- ☐ No      ☐ Yes; Yard      ☐ Yes; Garden      ☐ Yes; Terrace

### 10. Does the cat currently have access to outside space?

- ☐ Yes *answer a-c and proceed to question 11 when finished*      ☐ No *If No go to question 11*

#### a. How does your cat access the outside?

- ☐ Let out when people are home      ☐ Let outside when people are out  
☐ Free access through cat door / flap or window      ☐ Other; Please describe: \_\_\_\_\_  
\_\_\_\_\_

#### b. How much time does the cat spend outside?

- ☐ 0% has access but chooses not to go outside      ☐ 50-75% of the time  
☐ <25% of the time      ☐ >75% of the time  
☐ 25-50% of the time      ☐ 100% of the time, has no indoor access

#### c. Has this changed as they have gotten older?

- ☐ No      ☐ Yes spends more time outside      ☐ Yes spends more time inside      ☐ Seasonal change  
☐ Don't know

**11. Where does the cat go to the toilet?**

- |   |   |
|---|---|
| <input type="checkbox"/> Litter tray <i>If litter tray only please don't complete question 12</i> | <input type="checkbox"/> Outside only <i>If outside only please move on the question 12</i> |
| <input type="checkbox"/> Litter tray and outside  | <input type="checkbox"/> Other; Please describe: _____                                      |

a. How many litter trays are in the house? \_\_\_\_\_

b. What kind of litter do you use?

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Clay based | <input type="checkbox"/> Paper based  |
| <input type="checkbox"/> Wood based | <input type="checkbox"/> Other: _____ |

c. Is it?

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Clumping | <input type="checkbox"/> Non-Clumping |
|-----------------------------------|---------------------------------------|

f. How would you describe the majority of their faeces?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dry and firm    | <input type="checkbox"/> Cow pat like          | <input type="checkbox"/> Other; Please describe: _____ |
| <input type="checkbox"/> Moist and firm  | <input type="checkbox"/> Runny / Diarrhoea     |  |
| <input type="checkbox"/> Formed but soft | <input type="checkbox"/> Only urinates in tray |  |

g. Does your cat ever miss the litter tray and pass urine or faeces next to the tray?

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> No never | <input type="checkbox"/> Yes occasionally | <input type="checkbox"/> Yes frequently |
|-----------------------------------|---|---|

If Yes is it urine or faeces that miss the tray? \_\_\_\_\_

**12. If your cat toilets outside are there suitable areas in your garden/yard for them to toilet in e.g. garden beds?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes <i>If yes please move on to question 13</i> | <input type="checkbox"/> No         |
|  | <input type="checkbox"/> Don't know |

a. If No, where do they toilet?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Neighbours garden | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Communal land     | <input type="checkbox"/> Other: _____ |

**13. Are people home during a normal week?**

- |  |  |
|--|--|
| <input type="checkbox"/> Always e.g. retired or work from home     | <input type="checkbox"/> Always variable hours e.g. shift work |
| <input type="checkbox"/> Away predictable hours e.g. part-time job | <input type="checkbox"/> No e.g. work regular hours            |



**14. Where does the cat sleep? Please mark all that apply**

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Our bed(s) | <input type="checkbox"/> Window sills        | <input type="checkbox"/> Nest in garden             | <input type="checkbox"/> Trees / fences or other high up areas outside |
| <input type="checkbox"/> Couch      | <input type="checkbox"/> On top of furniture | <input type="checkbox"/> On top of garden furniture | <input type="checkbox"/> On / By radiator                              |
| <input type="checkbox"/> Cat bed    | <input type="checkbox"/> Under furniture     | <input type="checkbox"/> On knees                   | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Dog bed    |  |   |  |
| <input type="checkbox"/> Floor      | <input type="checkbox"/> In cupboards        |   |  |

**15. If your cat is scared where in the house will they hide? Please mark all that apply**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Under bed       | <input type="checkbox"/> On top of furniture | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Under furniture | <input type="checkbox"/> In Cupboard         | <input type="checkbox"/> Other: _____ |

**16. Do you provide / use any of the following? Please mark all that apply**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cat bed         | <input type="checkbox"/> Cat climbing frame | <input type="checkbox"/> Cat pheromones <i>e.g. Feliaway, plug in / spray</i> |
| <input type="checkbox"/> Scratching post | <input type="checkbox"/> Cat toys           | <input type="checkbox"/> None   |

**17. Where does your cat sharpen their claws?**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Horizontal scratching post | <input type="checkbox"/> Furniture         | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Vertical scratching post   | <input type="checkbox"/> Carpet/floor mats | <input type="checkbox"/> Other: _____ |
|   | <input type="checkbox"/> Outside           |                                       |

**Please tell us about your cat's diet and feeding**

**18. Please describe how you feed your cat?**

Number of Meals: \_\_\_\_\_  
Usual times of day fed: \_\_\_\_\_

Where in the house are they fed? \_\_\_\_\_

How is the food given?

- |   |   |
|---|---|
| <input type="checkbox"/> Bowl             | <input type="checkbox"/> Other: Please describe _____ |
| <input type="checkbox"/> Automatic feeder | _____   |

**19. What Types of food do you feed? Please tick all that apply and give an indication of the percentage for their total diet on an average day.**

- |   |         |
|---|---------|
| <input type="checkbox"/> Commercial dry food (kibble)   | % _____ |
| <input type="checkbox"/> Commercial pouch / canned food | % _____ |
| <input type="checkbox"/> Prepared Raw Food diet         | % _____ |
| <input type="checkbox"/> Tinned Fish                    | % _____ |
| <input type="checkbox"/> Fresh Fish                     | % _____ |
| <input type="checkbox"/> Cooked Chicken                 | % _____ |
| <input type="checkbox"/> Raw Chicken                    | % _____ |
| <input type="checkbox"/> Other Raw Meat                 | % _____ |
| <input type="checkbox"/> Other Cooked Meat              | % _____ |
| <input type="checkbox"/> Dairy Products                 | % _____ |
| <input type="checkbox"/> Cat Treats                     | % _____ |
| <input type="checkbox"/> Other: _____                   | % _____ |

**20. Does your cat always finish all of their food?**

- ☐ Yes straight away
 ☐ Yes but over time between meals
 ☐ No
 ☐ Don't know

**21. Do they ask for food even when there is food out for them?**

- ☐ Yes *answer question 23*
☐ No
 ☐ Don't know

a. If yes do you have to remind them where their food is?

- ☐ Yes
 ☐ No

**22. Have you noticed any of the following changes in your cats eating as they have gotten older? Tick all that apply**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Messier                               | <input type="checkbox"/> Sniffing food then walking away      | <input type="checkbox"/> Asking for food but not eating when it is offered |
| <input type="checkbox"/> Eat more slowly                       | <input type="checkbox"/> Leaving more food behind in the bowl | <input type="checkbox"/> Difficulty in bending head to eat or drink        |
| <input type="checkbox"/> Dropping food when chewing            | <input type="checkbox"/> Not eating dry food as much          | <input type="checkbox"/> Eating more and asking for food more              |
| <input type="checkbox"/> Grinding Teeth                        | <input type="checkbox"/> None                                 | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> Chewing more on one side of the mouth |   |  |

### Please tell us more about your cats drinking

23. How many water bowls or fountains are available for your cat? \_\_\_\_\_

a. Are these water bowls inside or outside?

☐ Inside only

☐ Inside and outside

☐ Outside only

b. Are the water bowls near the cat's food?

☐ Yes next to

☐ In the same room but  
not next to

☐ No in another room(s)

☐ Outside only

c. Do you see your cat drinking from other places?

☐ No

☐ Yes Please describe: \_\_\_\_\_

d. How often do you see your cat drinking?

☐ Several times a day

☐ Occasionally

☐ Never

☐ Daily

☐ Rarely

e. Have you noticed your cat drinking more as they have gotten older?

☐ Yes

☐ No

☐ Don't know

### Please tell us more about your cat's health

24. How best describes your cat's vaccination status?

☐ Had vaccines as a  
kitten

☐ Vaccinated every  
year

☐ Not vaccinated

☐ Had some vaccines as  
an adult but not recently

☐ Don't know if  
vaccinated or not

If you have a vaccine card please bring it to the appointment

**For Office use only:**

Vaccination dates:

Brands of Vaccine:

Components of Vaccine

**25. Do you use flea and tick treatments on your cat?**☐ No *go to question 26*☐ Yes

a. How frequently do you use them?

☐ Monthly☐ In Summer only☐ As required☐ Other: \_\_\_\_\_

b. How would best describe these treatments?

☐ Spot on☐ Spray☐ Tablet☐ Other: \_\_\_\_\_

c. Where do you predominantly buy them?

☐ Supermarket☐ Pet Store☐ Vetsd. **When did you last treat your cat?** \_\_\_\_\_**26. Do you worm your cat?**☐ No *go to question 27*☐ Yes

a. How frequently do you worm your cat?

☐ Every 3 months☐ Yearly☐ Other: \_\_\_\_\_☐ Every 6 months☐ When required

b. Where do you predominantly buy them?

☐ Supermarket☐ Pet store☐ Vetsc. **When did you last treat your cat?** \_\_\_\_\_**27. Do you give your cat any dietary supplements or complementary medications?** *Examples: vitamins, joint supplements, herbal products*☐ No☐ Yes *please list*  
\_\_\_\_\_**28. Do you use at any other vet clinics with your cat?**☐ No *go to question 29*☐ Yes Details: \_\_\_\_\_  
\_\_\_\_\_☐ Please tick if you would be happy for us to contact them for clinical history



**29. Has your cat ever had an episode of ill health?**

- ☐ No *go to question 30* ☐ Don't know *go to question 31*
- ☐ Yes; *please give details in the box below and indicate if the cat required a visit to the vet and what treatment was given.*

**30. Has your cat required or been recommended dental treatment by the vets ever?**

- ☐ No *go to question 31* ☐ Yes

a. What best describes the dental treatment required / advised?

- ☐ Dental diet ☐ Dental work under anaesthetic ☐ Dental gels ☐ Supplement in water ☐ Other: \_\_\_\_\_

b. Did you go ahead with this recommendation?

- ☐ Yes ☐ No

c. If dental work was performed were teeth removed?

- ☐ Yes ☐ Don't know ☐ Did not have dental work performed
- ☐ No

**31. Has your cat ever been tested for any of the following diseases?**

Feline Aids (FIV), Feline Leukaemia (FeLV), Feline Herpes Virus or Feline Calivirus

- ☐ Yes ☐ No ☐ Don't Know

If yes please indicate what virus(es) they were tested for and if they were positive or not: \_\_\_\_\_

**32. Have you noticed your cat vomiting in the last year?**

- ☐ No *go to question 33* ☐ Yes ☐ Don't know which cat

a. How often do you see them vomiting or find vomit?

- ☐ <monthly ☐ Weekly ☐ A few times a month ☐ Several times a week

b. Are hairballs ever seen in the vomit?

- ☐ Always ☐ Sometimes ☐ Never

**33. Have you noticed any of the following physical changes in your cat? Check all that apply**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Clouding to the eye   | <input type="checkbox"/> Darker flecks in the iris of the eye <small>(the iris is the coloured part of eye)</small> | <input type="checkbox"/> Breath smells                       |
| <input type="checkbox"/> Coat is not as shiny  | <input type="checkbox"/> Skin lump (s)  | <input type="checkbox"/> Alterations in the look of the iris |
| <input type="checkbox"/> More matted hair      | <input type="checkbox"/> Thickened nails  | <input type="checkbox"/> None                                |
| <input type="checkbox"/> Eyes look more sunken | <input type="checkbox"/> Feels more bony  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> More white hairs      |   |  |

**At what age did you notice these changes?** \_\_\_\_\_

**34. Have you noticed any of the following activity changes in your cat as they have gotten older? Check all that apply**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Drinking more water         | <input type="checkbox"/> No longer climbing on high furniture | <input type="checkbox"/> Difficulty in getting comfortable when resting |
| <input type="checkbox"/> More urine in litter tray   | <input type="checkbox"/> Wobbly on legs                       | <input type="checkbox"/> Difficulty in bending head to eat / drink      |
| <input type="checkbox"/> Sleeping in different place | <input type="checkbox"/> Jumping up less                      | <input type="checkbox"/> None   |
| <input type="checkbox"/> Going outside less          | <input type="checkbox"/> Appears more stiff when walking      | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Eating more                 | <input type="checkbox"/> Don't like being stroked as much     |   |
| <input type="checkbox"/> Eating less                 | <input type="checkbox"/> Grooming more                        |   |
| <input type="checkbox"/> Toileting accidents         | <input type="checkbox"/> Grooming less                        |   |
| <input type="checkbox"/> Sleeping more               |   |   |

**At what age did you notice these changes?** \_\_\_\_\_

**35. What body condition do you consider your cat to be in?**

- |  |   |                              |
|--|---|------------------------------|
| <input type="checkbox"/> Thin          | <input type="checkbox"/> Normal         | <input type="checkbox"/> Fat |
| <input type="checkbox"/> Lean / skinny | <input type="checkbox"/> Plump / chubby |                              |

a. Do you think your cat's body condition has changed as they have gotten older?

- |   |  |                                    |                                     |
|---|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes they are thinner | <input type="checkbox"/> Yes they are fatter | <input type="checkbox"/> No change | <input type="checkbox"/> Don't know |
|---|--|------------------------------------|-------------------------------------|

**36. What age do you think it is normal for cat's to live to?**

- |                               |                                   |                                   |                                 |
|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> <10y | <input type="checkbox"/> 10-14yrs | <input type="checkbox"/> 15-20yrs | <input type="checkbox"/> >20yrs |
|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------|

**37. What age do you expect your cat to live to?** \_\_\_\_\_

**Please tell us more about your cat's behaviour**

**38. What time of day is your cat most active?**

- |                                  |                                |   |
|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Dawn    | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Don't know               |
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Night | <input type="checkbox"/> Not really active at all |

**39. How many other cats live in the house?**

*If none go to question 40*

a. Are the cats related to each other?

- ☐ No
- ☐ Yes; Explain how: \_\_\_\_\_

b. Do you see any of the following behaviours between the cats? **Check all that apply**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grooming each other          | <input type="checkbox"/> Sleep in the same area but not in contact | <input type="checkbox"/> Hissy/growling                           |
| <input type="checkbox"/> Sleeping together in contact | <input type="checkbox"/> Walk around each other to avoid contact   | <input type="checkbox"/> Physical aggression                      |
| <input type="checkbox"/> Rubbing against each other   | <input type="checkbox"/> None                                      | <input type="checkbox"/> Seldom in the same room at the same time |

**40. Are there other pets in house? Check all that apply**

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> No <i>go to question 41</i> | <input type="checkbox"/> Ferret(s)  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dog(s)                      | <input type="checkbox"/> Bird (s)   | _____                                 |
| <input type="checkbox"/> Rabbit(s)                   | <input type="checkbox"/> Reptile(s) |                                       |

a. Do you see any of the following behaviours between the cat and the other pets? **Check all that apply**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grooming each other          | <input type="checkbox"/> Sleep in the same area but not in contact | <input type="checkbox"/> Hissy/growling                           |
| <input type="checkbox"/> Sleeping together in contact | <input type="checkbox"/> Walk around each other to avoid contact   | <input type="checkbox"/> Physical aggression/Fighting             |
| <input type="checkbox"/> Rubbing against each other   | <input type="checkbox"/> None                                      | <input type="checkbox"/> Seldom in the same room at the same time |

If checked yes to any please list what pets the cat interacts with: \_\_\_\_\_



**41. Does your cat regularly have contact with unfamiliar people?**

- ☐ Very rarely ☐ Occasionally ☐ Very commonly  
☐ Rarely ☐ Commonly

a. Is your cat friendly to new people?

- ☐ Yes ☐ No

b. Has this changed as the cat has gotten older?

- ☐ No ☐ Yes; How? \_\_\_\_\_

**42. Does your cat receive any of the following on a regular basis?**

- ☐ Food reward training ☐ Grooming ☐ Nail clipping ☐ Tooth brushing

If you Groom or clip your cats nails, has the frequency of this increased as they have aged? \_\_\_\_\_

**43. What things is your cat scared of?**

- ☐ Other cat's ☐ Washing Machine ☐ Thunder ☐ Nothing  
☐ Dogs ☐ Vacuum cleaner ☐ Children ☐ Traffic  
☐ New people ☐ Fireworks ☐ Other: \_\_\_\_\_

**44. Have you noticed any of the following changes in your cat's behaviour as they have aged? Check all that apply**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Waking during the night         | <input type="checkbox"/> More affectionate with people     | <input type="checkbox"/> More demanding of attention                 |
| <input type="checkbox"/> Meowing more at night           | <input type="checkbox"/> More affectionate with other pets | <input type="checkbox"/> Aggressive behaviour for no apparent reason |
| <input type="checkbox"/> Meowing more day and night      | <input type="checkbox"/> Toileting accidents               | <input type="checkbox"/> Becoming more fearful or frightened         |
| <input type="checkbox"/> Becoming grumpy with people     | <input type="checkbox"/> Appears forgetful                 | <input type="checkbox"/> None  |
| <input type="checkbox"/> Becoming grumpy with other pets | <input type="checkbox"/> Appears confused                  |  |

If yes at what age? \_\_\_\_\_

## Finally can you please tell us a little about yourself and your household

### 45: Please tell us about yourself the primary caregiver for the cat

a. How old are you?

- ☐ Under 18      ☐ 25-34      ☐ 45-54      ☐ 65 and over  
☐ 18-24      ☐ 35-44      ☐ 55-64

b. Are you

- ☐ Female      ☐ Male

c. Have you owned cat's before?

- ☐ Yes      ☐ Other people in the house have      ☐ No, this is my first cat

d. Please check what best represents your educational experience.

- ☐ No additional education      ☐ A Level      ☐ Post-graduate / Professional  
☐ GCSE/O Level      ☐ Undergraduate/vocational

e. Please circle what best describes your employment.

- ☐ Unemployed      ☐ Student      ☐ Full-time work      ☐ Other: \_\_\_\_\_  
☐ Maternity Break      ☐ Part-time work      ☐ Retired

### 46. Please tell us about the household

a. Which best describes who lives in the house?

- ☐ Single person household      ☐ Couple      ☐ Older family (children 11-18)  
☐ Shared house      ☐ Young family (children 0-10)      ☐ Adult family

b. How long have you lived at your current address

- ☐ < 1 year      ☐ > 1 year & < 3 years      ☐ > three years & < 5 years      ☐ > 5 years

c. Does anyone in the house smoke or has smoked during the last 7 years?

- ☐ Yes now      ☐ Yes in last 7 years      ☐ No

**47. How best describes your relationship with your cat?**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Best Friend   | <input type="checkbox"/> Pet             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Pest controller | _____                                 |

**Please add any additional comments you think may be relevant about the wellness of your cat:**

**Thank you for completing this Questionnaire**



In partnership with  **ROYAL CANIN**