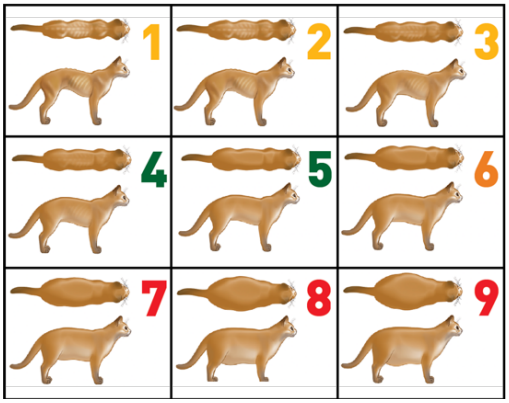
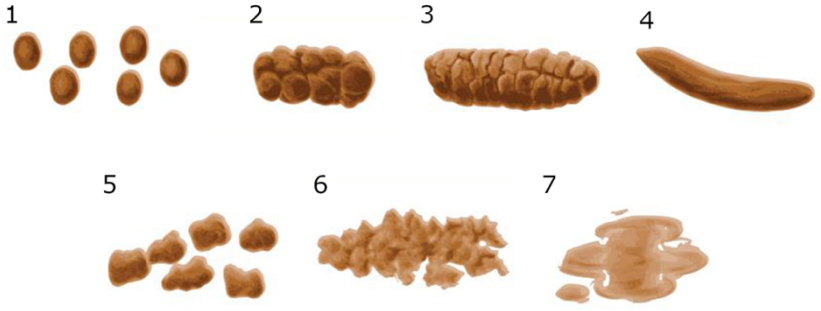
Place your ID barcode label here

Cat owner questionnaire		
01	Please provide your name, phone number, mailing address, and email address.	Name: _____ Phone: _____ Mailing: _____ _____ _____ Email: _____
02	Please provide the date (MM-DD-YY) and time (HH:MM AM/PM) of the stool sample collection.	Date: ☐☐-☐☐-☐☐ Time: ☐☐:☐☐ ☐☐
03	What breed is your cat? If unknown, leave blank.	_____
04	Describe the type of coat your cat has.	☐ Hairless ☐ Short-haired ☐ Medium-haired ☐ Long-haired
05	What is the sex of your cat?	☐ Female ☐ Male
06	Has your cat been neutered or spayed?	☐ Yes ☐ No
07	For how long have you had your cat? Note: Approximate to the nearest half year (e.g., 2 or 2.5)	_____ years
08	What is the approximate age of your cat in years? Note: Approximate to the nearest half year (e.g., 2 or 2.5)	_____ years
09	How much does your cat weigh in pounds? Note: Approximate to the nearest half pound (e.g., 8 or 8.5)	_____ pounds
10	What is the body condition score of your cat? 	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Please turn over

11	Is your cat primarily fed wet food, dry food, or a combination of wet and dry food?	☐ Wet ☐ Dry ☐ Combination
12	Please provide a brief description of your cat's primary food. For example: • If you feed a commercial cat food product(s) to your cat, provide the full brand and product name(s) (e.g. Royal Canin Feline Health Nutrition). • If you prepare food for your cat from scratch, what ingredients do you use?	_____ _____ _____ _____ _____ _____
13	How often do you give your cat treats?	☐ Daily ☐ Every other day ☐ Every 3-6 days ☐ Once a week or less ☐ Never
14	On average, what volume of food (cups) does your cat consume in a day? Select NA if unsure.	_____ cups ☐ NA
15	How long has your cat been fed its current diet?	☐ More than 1 year ☐ 6-12 months ☐ 1-5 months ☐ Less than 1 month
16	If your cat has received any probiotics in the last month, please indicate the most recent date and type or brand name. If NA, leave blank.	_____ _____
17	On average, how many bowel movements does your cat have each day?	_____ bowel movements
18	In the past two weeks, has your cat had gastrointestinal problems (e.g. diarrhoea, blood in stool, mucus in stool, constipation, parasites, etc.)?	☐ Yes ☐ No
19	Has your cat vomited in the past two weeks? If so, and the vomit was composed mainly of hair, please select the answer containing “hairball”.	☐ Yes, vomit ☐ Yes, hairball ☐ No
20		What is the fecal score of the enclosed sample? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7