

Article

In the Eye of the Beholder: Owner Preferences for Variations in Cats' Appearances with Specific Focus on Skull Morphology

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Cat Life Style and Face Shape Survey

This survey is concerned with the general health and lifestyle of cats. It also includes questions on your thoughts about different breeds of cats and their risk of developing illness. To help us gain more detailed results, we ask you to upload photographs of your cat; this is optional and none of the pictures will be disseminated publically.

The photos we are looking for are:

- exact face on *
- side of face view including the chin and the ears *
- if possible, a video clip of your cat breathing (10-15 seconds long), but please do not worry if you don't have one

* Please see example pictures below. You will be prompted to upload the images at Question 31. Remember submitting photos and/or video is optional.

Please complete only ONE questionnaire per household and for the OLDEST cat. We are especially interested in hearing about pedigree cats so if you own a pedigree cat, please complete the survey for this cat. However, if you only own non-pedigree cats, we are still very interested in hearing from you. The survey takes about 20 minutes to complete.

Thank you very much for your kind co-operation!

Example 1:



Frontal



Profile

Example 2:



Frontal



Profile

After this survey has finished and the data been analysed, we are happy to provide you with summary feedback. If you wish to receive a summary of our findings, please leave your email address (it will be held separately from your responses to the rest of the survey to maintain your anonymity).

Completion and submission of the survey is considered as your consent for us to use the information for the purposes of research and possible publication. You may exit the survey at any point without submission. Your data will be anonymous and you cannot be identified. All data are exclusively for the use of the research group and will not be given to third parties.

I. General Information

Your Gender *

What country do you live in?

Do you or have you worked in veterinary or allied animal health professions? *

II. Basic Information about Your CAT

Please complete only ONE questionnaire per household and for the OLDEST cat. We are especially interested in hearing about pedigree cats, so, if you own a pedigree cat, please complete the survey for this cat. However, if you only own non-pedigree cats, we are still very interested in hearing from you. Thank you!

What is your cat's name?

1. Breed?

2. Is your cat pedigree registered? *

3. Age (years/months)? *

4. If you know your cat's weight, please enter it below in Kg

5. Gender? *

6. Have you ever bred from your cat? : *

(i) If yes, how many litters have they produced? *

(ii) Would you describe yourself as a cat breeder? *

7. Have you ever shown your cat competitively? *

(i) If yes, did they gain awards? *

8. Where does your cat usually live? *

- ☐ 100% Indoors
- ☐ 100% Free-roaming outdoors
- ☐ Mostly ($\geq 75\%$) Indoors
- ☐ Mostly ($\geq 75\%$) Free-roaming outdoors
- ☐ Approximately equal time living indoors and outdoors
- ☐ Indoors or in an enclosed outdoor pen or garden
- ☐ Other

9. Do you have other pets at home? *

Number of cats? *

Number of dogs?

What breed(s) of dog do you own? Please list breed(s):

Number of other animals?

III. Your CAT's Diet

10. What food type(s) do you usually provide for your cat? (Tick all that apply): *

- ☐ Dry cat food (complete diet)
- ☐ Wet cat food (pouches or tins)
- ☐ Cooked human food (e.g., fresh chicken, ham, cheese, etc.)
- ☐ Raw food (e.g., uncooked fresh chicken, etc.)
- ☐ Special home-made food
- ☐ Specially formulated cat food (e.g., breed specific, or special veterinary diets for health problems, etc.) *
- ☐ Other types of food fed

If yes, what specially formulated cat food do you feed? *

11. Method of Feeding:

Frequency of Feeding: How many meals/day?

Ad lib (i.e. food is there all the time) *

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Is this cat fed separately from other pets *

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

12. Your evaluation of your cat's appetite: *

<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Less than other cats
<input type="checkbox"/>	About the same
<input type="checkbox"/>	More than other cats

13. Do you give any food supplements: (e.g., vitamins) *

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

(i) If yes, what kind of supplement do you provide? *

IV. Life Style and Activities

14. How long is your cat's coat? * Long

<input type="checkbox"/>	Medium
<input type="checkbox"/>	Short Sphinx cat

15. How many times does your cat need to be groomed by you/your groomer?

Often (enter the typical number of occasions per week)

Sometimes (enter the typical number of occasions per year)

16. Do you ever shave your cat or have them shaved? *

☐
☐
☐
☐
☐
☐

No

Only to remove occasional tangles

Yes, occasionally

Yes, they have a regular 'Lion Cut' or another form of shave

Yes, for aesthetic reasons

17. Does your cat regularly have tear stains on his/her face? *

☐
☐

Yes

No

18. How many times does your cat need to have his/her face wiped?

Very often (enter the typical number of occasions per day)

Often (enter the typical number of occasions per week)

Sometimes (enter the typical number of occasions per year)

Never (please enter '0')

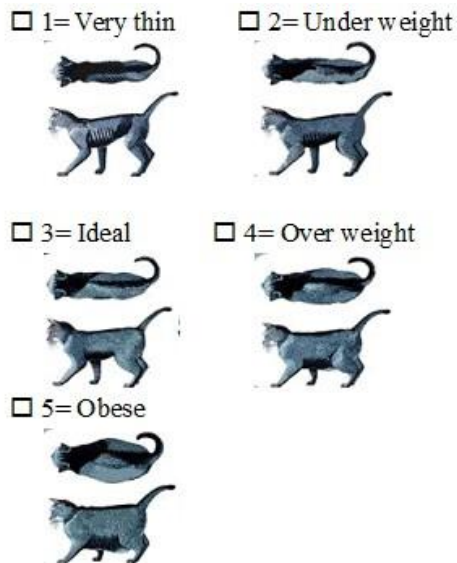
19. How often does your cat need to be bathed?

Often (enter the typical number of occasions per week)

Sometimes (enter the typical number of occasions per year)

Never (please enter '0')

20. Examples of cat's body shape:



Pictures courtesy of Nestlé Purina PetCare Company

21. From the examples above, how do you describe your cat's body shape? *

- ☐ 1 Very Thin
- ☐ 2 Under Weight
- ☐ 3 Ideal
- ☐ 4 Over Weight
- ☐ 5 Obese

22. How active is your cat? *

- ☐ Sedentary (he/she sleeps most of the time)
- ☐ Adequate (about the same as most other cats)
- ☐ Active
- ☐ Very active

23. Do you encourage your cat to exercise? (e.g., play with your cat, buy toys for your cat that they play with, etc.)*

- ☐ Yes
- ☐ No

24. How long do you spend with your cat every day apart from sleeping time? *

- ☐ >16h/day 12-
- ☐ 16h/day 7-
- ☐ 11h/day 3-
- ☐ 6h/day
- ☐ 0-2h/day

25. Do you allow the cat to sleep on your bed? *

- ☐ Yes
- ☐ No
- ☐ Sometimes

26. What does your cats purr sound like? *

- ☐ They don't purr
- ☐ Quiet
- ☐ Sometimes quiet but other times loud
- ☐ Loud

(i) Does your cat dribble when purring? *

- ☐ Yes
- ☐ No

27. What does your cat's breathing sound like while asleep? *

- ☐ Very quiet (other than when purring)
- ☐ Slight snoring/snorting/wheezing
- ☐ Frequent snoring/snorting/wheezing
- ☐ Almost continuous snoring/snorting/wheezing

28. Does your cat sometimes stop breathing while sleeping? *

- ☐ Yes
- ☐ No

V. Your CAT's Health Conditions

29. How often does your cat show difficulty breathing when engaged in physical activity? (Difficulty breathing could include your cat appearing very short of breath or appearing easily fatigued). *

☐

Never

☐

Rarely

☐

Monthly

☐

Weekly

☐

Daily

☐

More than once per day

30. Does your cat currently have breathing problems, or has he/she previously had them? *

☐

Yes

☐

No

If yes, please answer the following questions:

(i) If known, what was your cat diagnosed with? *

(ii) What treatment (if any) has your cat received for this condition?

☐

Surgery

☐

Medication

☐

Environmental modification (e.g., changing to dust-free cat litter, not smoking in the house, etc.)

☐

None

☐

Other - please fill in any additional information:

If your cat has previously been treated, how long ago was that treatment? *

(iii) What age was your cat when you first noticed this condition? *

(iv) What first made you notice this condition? (e.g., change in behaviour, increased breath sounds, collapse, etc.) *

(v) How quickly did these signs appear? *

- ☐ Suddenly over a few hours
- ☐ Over a few days
- ☐ Gradually over a few weeks
- ☐ Gradually over several months
- ☐ Other – please state

(vi) Do you believe this condition is: *

- ☐ Resolved
- ☐ Getting better
- ☐ Getting worse
- ☐ Staying the same
- ☐ Comes and goes (but is always there)
- ☐ Episodic, they are sometimes free of problem
- ☐ Other - please state:

(i) If episodic, how many episodes have occurred over the recent six months? *

31. Does your cat currently have, or has he/she ever had ocular problems? *

(i) How often has this occurred? *

- ☐ Just once
- ☐ Rarely
- ☐ Frequently
- ☐ All the time

(ii) What was the diagnosis (if known)? *

(iii) Did your cat receive any treatment for this condition? *

- ☐ Yes
- ☐ No

i) What treatment did your cat receive? *

Does your cat currently have, or has he/she ever had any of the following ocular problems? Please mark an "X" on all that apply:



Tears overflowing onto the face causing staining of the facial fur



Thick discharge visible below the eye

Qualification	
Cat a)	<input type="checkbox"/>
Cat b)	<input type="checkbox"/>

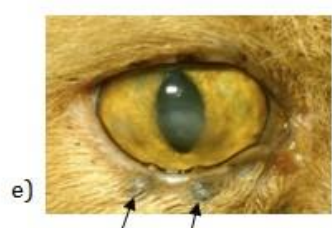


Swollen inner part of the eyelids



Inflammation of the eyelids

Qualification	
Cat c)	<input type="checkbox"/>
Cat d)	<input type="checkbox"/>



Abnormal cysts on the surface of the eyelid (shown by the arrows)



Black deposit in the surface of the eye (cornea)

Qualification	
Cat e)	<input type="checkbox"/>
Cat f)	<input type="checkbox"/>

32. Has your cat had any of the following symptoms in the last six months? Please indicate all that apply by adding approximately how many bouts of this sign occurred in the last six months (if you are unsure, please mark with an 'X'):

	How many times in the last six months
Sneezing	
Nasal congestion / blocked nose	
Nasal ulcers / Runny nose	

If yes, enter 'X' if the discharge is clear	
If yes, enter 'X' if the discharge is coloured	
Cough	
Gagging / retching	
Oral ulcers	
Drizzling because of mouth problems	
Gingivitis / sore gums	
Dental disease	
Squinting or rubbing at his or her eyes	
Facial soreness e.g., inflamed/ulcerated nasal folds	
Fever	
Depression	
Loss of appetite	
Vomiting hairballs	
Vomiting other than hairball	
Diarrhoea	
Constipation	
Increased drinking	
Increased eating	
Lameness	
Fits / seizures	

33. We would be really grateful if you would provide 'ID photos' of your cat. We need exact face-on and side-of-face views that include the chin and the ears.

We have provided examples of ideal photos as a guide

Example 1:



Frontal



Profile

Pictures courtesy of Danielle Gunn-Moore

Example 2:



Frontal



Profile

Image 1

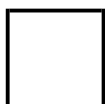


Image 2



34. If you have a video clip or audio recording of your cat breathing, could you please attach it too?

Please add file/s here:



VI. Your Perceptions

35. (i) To what extent do you agree with the following statements?: *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I like short-nosed / flat-faced cats e.g. Persian and Exotic Shorthaired cats, more than any other breeds of cat.					
This kind of face is my preferred type as I think they look beautiful					
These cats generally have a good temperament.					
The short-noses of these breeds may predispose them to some health problems.					

If there is another reason, please state:

35. (ii) *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I prefer pedigree cats and only want to have pedigree cats.					

35. (iii) *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Pedigree breeding cat is necessary					

If you do not agree, please state why:

If you do agree, please state why:

35. (iv) *

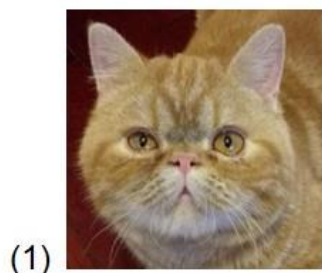
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There are health problems related to the face shape of some pedigree cat breeds.					

35. (v) *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There are health problems associated with the degree of inbreeding in some pedigree cat breeds.					

35. (vi) Please feel free to make any additional comments and thoughts about extremely long-faced or short-faced cats:

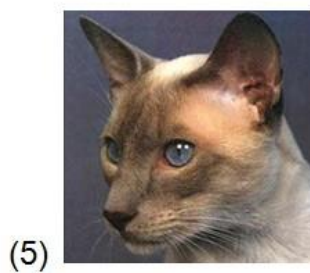
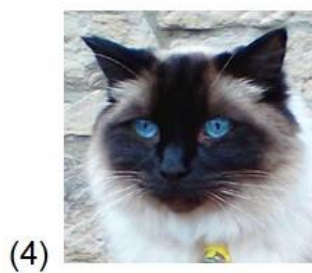
36. Which face shape do you prefer? Please mark your preference on the following cats, e.g., from 0 = don't like at all; through 5 = neutral; to 10 = this is my favourite type of cat:



Pictures courtesy of: (1) and (2) RNC, (3) DGM

Item #402 *

	Rate
Cat 1	<input type="text"/>
Cat 2	<input type="text"/>
Cat 3	<input type="text"/>

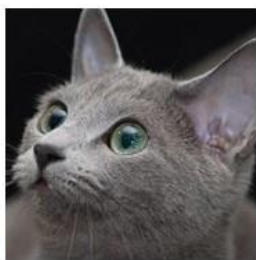


Pictures courtesy of: (4) DGM, (5) © "Modern Seal Point Female" by Thaifong - Own work. Licensed under CC BY-SA 3.0 via Wikimedia Commons, (6) © "Chocolate Himalayan" by Cindy See - originally posted to Flickr. Licensed under CC BY-SA 2.0 via Wikimedia Commons

Item #405 *

	Rate
Cat 4	<input type="text"/>
Cat 5	<input type="text"/>
Cat 6	<input type="text"/>

(7)



(8)



(9)



Pictures courtesy of: (7) © A-Z Animals, www.a-z-animals.com, copyright 2009 - 2015, (8) © Sybarit Exotics, (9) DGM

Item #406 *

	Rate
Cat 7	<input type="text"/>
Cat 8	<input type="text"/>
Cat 9	<input type="text"/>

(10)



(11)



(12)



Pictures courtesy of: (10) © By Cecilia Aguirre – posted to Pinterest, (11) © "Balinese blue lynx point" by Dr. Mirjam Kessler, Self-photographed. Licensed under Copyrighted free use via Wikimedia Commons, (12) RNC

Item #407 *

	Rate
Cat 10	<input type="text"/>

Cat 11	<input type="text"/>
Cat 12	<input type="text"/>

(13)



(14)



(15)



Pictures courtesy of: (13) and (14) DGM, (15) © Valna05, Sybarit Exotics

Item #408 *

	Rate
Cat 13	<input type="text"/>
Cat 14	<input type="text"/>
Cat 15	<input type="text"/>

37. Do you have a favourite colour of cat? *

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please tick your favourite colour *

Other (please state)

Thank you for taking the time to complete this questionnaire.

Name

Street Address

City

State/Province/Region

Zip/Postal Code

Country

Phone Number

Email Address

Lastly, how did you hear about this survey? *

☐
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Cat Professional website

E-mail from Cat Professional/Vet Professionals Your Cat

Magazine

Vetsurgeon.org

Vetnurse.co.uk

Word of mouth

From my veterinary practice

Facebook

Other (please state)

Thank you again for completing this questionnaire.

Please click submit to complete your survey.