

Survey for the investigation of prevalence of feline coronavirus shedding in catteries

Date _____

Date and time of defecation: _____

Owner's information

Name _____

Phone number _____

E-mail address _____

Postal code and city _____

Information of cat

Name _____

Date of birth or approximate age _____

Sex male ☐ female ☐

This cat is intact ☐ neutered ☐

Has this cat been vaccinated against feline infectious peritonitis (FIP?) yes ☐ no ☐

Faecal score (to be answered by the investigator) 1 2 3 4 5 6 7

Information on housing and husbandry

1. Food: commercial diet ☐ home-cooked diet ☐
 raw diet ☐

2. Water source: tap water ☐ toilet ☐ bird bath ☐
 pond/creek/pool ☐ exclusively bottled water ☐
 other: _____

3. Living conditions: only inside the house ☐ free-roaming ☐
 mainly inside, but access to balcony ☐ or secured garden area ☐

4. Total number of cats living in the household at this time _____

5. Age and number of all cats living in the household:
 number of kittens <3 months _____ number of juveniles <1 year _____
 number of adults of 1-5 years _____ number of adults >5 years _____

6. Do all cats live together or are they separated into groups?
 all together ☐ separation into groups of _____ cats

7. Are there other pets in your household besides cats?
 yes ☐ no ☐
 If yes, what types and numbers of pets? _____

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8. Total number of litter boxes _____
9. With how many cats does **this** cat share its litter boxes? _____
10. How often do you clean the litter boxes per day? _____
11. How often do you wash and disinfect the litter boxes? _____
12. Do you apply any other hygiene measures? yes ☐ no ☐
If yes, what exactly? _____
13. Did your cat ever have contact to cats from other households? yes ☐ no ☐
If yes, what kind of contact (e.g. while free-roaming, for breeding purposes, at cat shows etc.) _____
14. Approximate size of your cat's permanent living space (in m²)? _____
15. Are other cats of your cattery vaccinated against FIP? yes ☐ no ☐
If yes, how many? all ☐ all that live together with this cat ☐
some that live together with this cat ☐
16. Against which infectious agents are your cats vaccinated routinely?

| | | | |
|---------------------|--------------------------|---------------|--------------------------|
| Herpes-/Calicivirus | <input type="checkbox"/> | Panleukopenia | <input type="checkbox"/> |
| FeLV | <input type="checkbox"/> | Rabies | <input type="checkbox"/> |
| | | other | <input type="checkbox"/> |
17. How often do new cats move into your household?

Medical history

1. Does this cat have any chronic diseases? (e.g. hyperthyroidism, kidney or liver disease, food allergies etc.)?

2. Did this cat have softer stool or diarrhoea within the last 6 months?
 yes ☐ no ☐
 If yes,
 when and how long? _____
 is diarrhoea still present now? ☐ yes ☐ no ☐
 how often (per day) did this cat have to defecate when having diarrhoea?
 1x ☐ 2x ☐ 3x ☐ 4x ☐ ≥5x ☐
 did this cat also lose weight? yes ☐ no ☐
 did the diarrhoea also contain blood or mucus?
 yes ☐ (please specify) _____ no ☐
 did you present the cat to a veterinarian for treatment? yes ☐ no ☐
 was a diagnosis established? yes, _____ no ☐
 was the diarrhoea treated medically? yes ☐ no ☐

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If yes,

name of the medication: _____

was the treatment successful? yes ☐ no ☐

3. Has this cat been examined for intestinal parasites by faecal exam within the last 6 months? yes ☐ no ☐

If yes, what has been found?

Giardia spp. ☐ *Cryptosporidium spp.* ☐ *Strongyloides spp.* ☐

other ☐ _____

4. Has this cat been treated (dewormed) for intestinal parasites within the last 6 months? yes ☐ no ☐

If yes,

which preparation? _____

dosage and treatment period: _____

reason for treatment: prophylactic treatment ☐

other ☐ (please specify) _____

5. Did this cat receive antibiotics within the last 6 months?

yes ☐ no ☐

If yes,

which preparation? _____

dosage and treatment period: _____

reason for treatment: _____

6. Has this cat ever been tested positive for feline coronavirus (FCoV)?

yes ☐ no ☐

If yes, what kind of test has been used?

test for FCoV antibodies in the blood ☐

test for viral RNA in the blood ☐ in the faeces ☐

7. Has this cat ever been exposed to special, stressful events? (e.g. relocation, hospitalization, parturition, surgery)

yes _____ (please specify)

when? _____

no ☐

8. Did this cat receive any kind of immunosuppressive medication within the last 6 months? (e.g. prednisolone/other glucocorticoids, cytostatic agents)

yes _____ (please specify)

when and for how long? _____

no ☐

9. Did other cats in your household have diarrhoea within the last 6 months?

yes ☐ no ☐

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If yes, how many cats? _____

10. Have other cats of your household been examined for intestinal parasites within the last 6 months? yes ☐ no ☐

If yes, what has been found? *Giardia spp.* ☐ *Cryptosporidium spp.* ☐
 Strongyloides spp. ☐ other _____

11. Has any cat of your household ever been tested positive for FCoV?

yes ☐ no ☐

If yes,

how many and when? _____

what kind of tests have been used?

test for FCoV antibodies in the blood ☐

test for viral RNA in the blood ☐ in the faeces ☐

12. Have any of your cats ever been diagnosed with FIP? yes ☐ no ☐

If yes,

how many cats? _____

when? _____

how was FIP diagnosed?

suspected on the basis of clinical presentation ☐

suspected on the basis of laboratory abnormalities (bloodwork) ☐

detection of mutated viral RNA by PCR (using a blood sample) ☐

detection of mutated viral RNA by PCR (using a faecal sample) ☐

detection of FCoV antibodies (using a blood sample) ☐

Titre: _____

Rivalta's test (on abdominal effusion) ☐

detection of FCoV antigen in macrophages

in effusion, by immunofluorescence ☐

in tissue samples, by immunohistochemistry ☐

histopathological examination of organ samples obtained

in necropsy ☐