

Animal Code _____

Date Received _____

CAT QUESTIONNAIRE

.....

Please fill out this form as completely as possible. No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about history, past veterinary care, likes and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly can!

.....

Cat's Name: _____ Cat's Birthdate: _____

Cat's sex: ☐ Male ☐ Female Is your cat spayed/neutered? ☐ Yes ☐ No ☐ Not Sure

Is your cat microchipped? ☐ Yes ☐ No ☐ Not Sure

Who is the microchip registered to? ☐ Self ☐ Someone Else _____

Has your cat ever bitten any person? ☐ Yes ☐ No If so, when? _____

If yes, please check all that apply:

☐ Love Bite ☐ Play Bite ☐ Bite Clothing ☐ Only Minor Bite (did not break skin or leave bruising)

☐ Bite (Broke Skin) ☐ Major Bite (Broken Skin/Blood Drawn/Bruising)

Where did you obtain your cat? ☐ HSSW ☐ Breeder ☐ Stray ☐ Another Shelter ☐ Pet Store

☐ Friend/Family ☐ Newspaper/Craigslist ☐ Born in my home ☐ Other:

How long has your cat lived with you? _____

Is your cat declawed? ☐ Yes ☐ No If yes, ☐ Front paws only ☐ All four paws

If yes, when? ☐ As a kitten ☐ As an adult ☐ Acquired declawed

Personality & Behavior

.....

How would you describe your cat most of the time? (check all that apply)

☐ Very active ☐ Friendly to family ☐ Friendly to visitors ☐ A clown ☐ Couch potato ☐ Shy to family

☐ Shy to visitors ☐ Playful ☐ Talkative ☐ Affectionate ☐ Independent ☐ Aloof ☐ Quiet ☐ Lap cat

☐ Withdrawn ☐ Playful ☐ Fearless ☐ Fearful ☐ Solitary ☐ More like a dog ☐ Other: _____

Where, if any, does your cat dislike being petted? _____

Play Style

.....

How does your cat like to play? (check all that apply)

- ☐ Plays gently, does not use teeth or claws ☐ Likes to play rough, may nip or scratch ☐ Likes to chase & pounce with a variety of toys ☐ Likes things that crackle, such as paper bags ☐ Likes to play hide and seek
- ☐ Will fetch items like bottle caps or toys ☐ Likes to learn tricks for treats ☐ Likes to play with other cats
- ☐ Likes to play with dogs ☐ Not much interest in play ☐ Chases bugs or moths
- ☐ Likes to play in or around water ☐ Other: _____

Lifestyle & Home Life

.....

What areas of your home did your cat have access to? (check all that apply)

- ☐ Indoors only ☐ Outdoor only ☐ Indoors at night ☐ Garage or basement ☐ Indoors with access to outside
- ☐ Screened porch ☐ Indoors in cold weather ☐ In barn or shed ☐ Outdoors in warm weather
- ☐ Other: _____

Has your cat regularly been around children? ☐ Yes ☐ No ☐ Unsure

If yes, indicate what ages: ☐ 0-2 yrs. ☐ 3-5 yrs. ☐ 6-10 yrs. ☐ 11-18 yrs.

If your cat lived with children, how did they interact? (check all that apply)

- ☐ Cat actively avoided child ☐ Child could pet cat ☐ Mutual adoration ☐ Ignored each other
- ☐ Cat & child played together ☐ Cat hissed or growled at child ☐ Other: _____

Have the experiences with your cat and child(ren) always been positive? ☐ Yes ☐ No

If no, please explain: _____

Is your cat more comfortable with: ☐ Women ☐ Men ☐ Kids ☐ Teenagers ☐ Seniors ☐ Loves all people

Health & Dietary Habits

.....

Does your cat see a veterinarian on a regular basis? (at least once a year) ☐ Yes ☐ No

Which clinics is your cat seen at? _____

Are there any illnesses or conditions a new owner should know about? ☐ Yes ☐ No

If yes, please explain: _____

Which does your cat eat? ☐ Dry only ☐ Canned only ☐ Combination of dry and canned ☐ People food

Does your cat have a preferred brand and flavor? _____

What type of treats does your cat enjoy? _____

How often do you feed your cat? ☐ Food always available ☐ Fed once a day ☐ Fed twice a day

Does your cat need a special diet? ☐ Yes ☐ No

If yes, please describe _____

Would you consider your cat to be a picky eater? ☐ Yes ☐ No

If yes, please explain _____

Is your cat on any type of flea treatment? ☐ Yes ☐ No

If yes, what kind? ☐ Advantage ☐ Frontline ☐ Revolution ☐ Other: _____

Litter Box Use

.....

Did your cat have access to a litter box in the house? ☐ Yes ☐ No

If no, did your cat use the bathroom only outdoors? ☐ Yes ☐ No

If yes, did your cat use the litter box? ☐ Yes ☐ No ☐ Sometimes

If sometimes, how often does your cat make mistakes? _____

Please describe the accidents: ☐ Urinates outside the box ☐ Defecates outside the box ☐ Urinates on clothing/furniture ☐ Sprays on walls/furniture ☐ All of the above ☐ Other: _____

How often was the litter box scooped? ☐ Every day ☐ Every few days ☐ Weekly ☐ Rarely

What type(s) of litter was used? ☐ Unscented ☐ Scented ☐ Clumping ☐ Non-Clumping ☐ Crystal

☐ Clay ☐ Other: _____

If other cats are in your home, how many shared a litter box? ☐ One ☐ Two or more ☐ Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin? ☐ Past month ☐ Past year ☐ Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use? _____

Please describe what measures you have taken to correct this problem. _____

Has your cat been to the veterinarian to rule out infection or underlying health issues? ☐ Yes ☐ No

If yes, what was the outcome? _____

What else would you like us to know about your cat?

Other Animals

.....

Has your cat lived with other animals? ☐ Yes ☐ No

Dogs, how many? _____ ☐ Males ☐ Females

☐ Ignored ☐ Played with ☐ Acted bossy ☐ Acted shy

Cats, how many? _____ ☐ Males ☐ Females

☐ Ignored ☐ Played with ☐ Acted bossy ☐ Acted shy

Other, how many? _____ ☐ Males ☐ Females

☐ Ignored ☐ Played with ☐ Acted bossy ☐ Acted shy

Office Use Only | Profile reviewed with patron by: _____

Comments: _____