Cat Owner Questionnaire

Has your cat bitten in the last ten (10) days? ____________________________________________

General Information

Shelter Arrival Date: __________________________

Cat’s Name: ___________________________ Cat’s age or approximate age: __________

Cat’s Sex: ☐ Male ☐ Female ☐ Unsure

Is cat spayed/neutered? ☐ Yes ☐ No ☐ Unsure

What kind of I.D. does your cat have? ☐ Tattoo (If so, where is it located) _________________

☐ Microchip

Is the cat declawed? ☐ Front ☐ All ☐ Not declawed

If declawed, when was it done? ☐ As a kitten ☐ As an adult

History

Why are you surrendering your cat? ____________________________

If surrender reason is behavioral, please explain: ____________________________

If we could help you resolve this issue would you be interested in keeping the cat? __________

How long have you owned your cat? ____________________________

Including yours, how many homes has this cat had? __________

Where did you acquire this cat?

☐ Found as a stray ☐ This shelter ☐ Another shelter

☐ Newspaper Ad ☐ Friend/relative ☐ Breeder

☐ Born in my home ☐ Other ____________________________

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, dislikes and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

Case # ________________
Medical History

Did the cat see a veterinarian at least once per year? □ Yes □ No □ Not sure
If so, which clinic? _______________________
Is the cat current on vaccinations? □ Yes □ No □ Not sure
Has this cat ever had surgery? □ Yes □ No □ Not sure
If yes, please explain: _______________________

Has the cat been diagnosed with and/or treated for any of the following: (check all that apply)
□ Upper Respiratory Infection □ Allergies □ Heart murmur □ Tumors
□ Epilepsy or seizures □ Organ failure □ Thyroid disease □ Diabetes
□ Urinary Tract Infection □ Other (please explain) _______________________

Personality

How would you describe your cat most of the time? (check all that apply)
□ Friendly to family □ Very active □ A clown □ Couch potato
□ Friendly to visitors □ Playful □ Aloof □ Withdrawn
□ Shy to family □ Talkative □ Affectionate □ Independent
□ Shy to visitors □ Quiet □ Lap cat □ Playful
□ More like a dog □ Fearful □ Fearless □ Solitary

Play Style

How does your cat like to play? (check all that apply)
□ Plays gently, does not usually use teeth or claws
□ Likes to play rough, may bite or scratch
□ Likes to chase & pounce with variety of toys
□ Likes things that crackle, such as paper bags
□ Likes to play hide & seek
□ Will fetch items like bottle caps or toys
□ Chases bugs or moths
□ Likes to play in or around water
□ Likes to learn tricks for treats
□ Likes to play with other cats
□ Likes to play with dogs
□ Not interested in play
□ Other _______________________

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Lifestyle & Home Life

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

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

Where did your cat spend most of his or her time? (check all that apply)

- Bedroom
- Kitchen
- Living room
- Garage or basement
- At the window
- Outdoors only
- Barn or shed
- Where people are
- Other ________________

If this cat has lived with other cats, how did they interact? (check all that apply)

- Adored each other
- Played together
- Sniffed noses
- Groomed each other
- Slept near each other
- Ignored each other
- Rough with others
- Fought with injuries
- Fought without injuries
- Gentle with others
- Caused this cat stress
- Peacefully coexisted
- Other (please explain) ________________

If this cat has lived with dogs, how did they interact? (check all that apply)

- Adored each other
- Played together
- Sniffed noses
- Groomed each other
- Slept near each other
- Ignored each other
- Cat feared dog
- Fought with injuries
- Fought without injuries
- Dog chased cat
- Caused this cat stress
- Cat rubbed on dog
- Cat tormented dog
- Avoided each other
- Peacefully coexisted
- Other (please explain) ________________

Has the 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 this cat lived with children under the age of 7, 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 the cat and child(ren) always been positive?  □ Yes  □ No
If no, please explain: ________________

Is this cat more comfortable with:  □ Women  □ Men  □ Kids
□ Teenagers  □ Seniors  □ Loves all people

How would you describe the ideal home for your cat? ________________

Please tell us some things you truly love about this cat? ________________
Are there any quirks or habits you are not fond of in your cat? ____________________________________________

Does the cat do any of the following? (check all that apply)

☐ Jump on counters  ☐ Scratch furniture  ☐ Chew Plants  
☐ Scratches doors/cabinets  ☐ Scratch personal items  ☐ Chew personal items
☐ Other ____________________________________________

How did you attempt to correct this problem? ____________________________________________

**Dietary Habits**

What is the cat’s favorite brand of food? ____________________________________________

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

What type of treats does your cat enjoy? ____________________________________________

How often is your cat fed?  ☐ Food always available  ☐ Designated mealtimes

**Litter box Habits**

We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavior issues involved.

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

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

If sometimes, how often does the cat make mistakes? ____________________________________________

Is the litter box:  ☐ Covered  ☐ Uncovered

Where is the litter box(s) located in the house? ____________________________________________

Please describe the accidents:

☐ Urinates outside the box  ☐ Urinates on clothing/furniture
☐ Defecates outside the box  ☐ Sprays on walls/furniture
☐ All of the above  ☐ Other ____________________________________________

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

What type(s) of litter was used?

☐ Unscented  ☐ Scented  ☐ Clumping
☐ Non-Clumping  ☐ Crystals  ☐ Clay  ☐ Pine  ☐ Yesterday’s News
☐ Other ____________________________________________

Are there other animals in your home?

☐ No  ☐ Other cats  ☐ Dogs  ☐ Birds  ☐ Rodents
If other cats, how many shared a litter box?
- [ ] One
- [ ] Two or more
- [ ] Many cats shared
- [ ] 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 the 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?

Please tell us any additional comments about your feline friend.
