



Cat Owner Questionnaire

No one knows and loves your cat the way you do! To help us find the best home for your cat, please provide as much detail as possible about history, past veterinary care, likes, dislikes, and unique traits of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does.

Has your cat bitten in the last ten (10) days? Yes No

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 your 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 Born in my home From APF News/online ad
 Pet store Another shelter Friend/relative Breeder
 Other _____

Medical History

Did your cat see a veterinarian regularly? Yes No Not sure

If so, which vet hospital? _____

Is your cat current on vaccinations? Yes No Not sure

Has your 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 High energy Gentle
 Friendly to visitors Playful/active Relaxed/mellow
 Shy to family Talkative Lap cat
 Shy to visitors Quiet Independent
 Affectionate Outgoing/social More like a dog
 Busy/curious Fearless Enjoys being groomed

Play Style

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

- | | |
|--|--|
| <input type="checkbox"/> Plays gently, does not usually use teeth or claws | <input type="checkbox"/> Likes to play with other cats |
| <input type="checkbox"/> Likes to play rough, may bite or scratch | <input type="checkbox"/> Likes to play with dogs |
| <input type="checkbox"/> Likes to chase & pounce with variety of toys | <input type="checkbox"/> Not interested in play |
| <input type="checkbox"/> Will fetch items like bottle caps or toys | |
| <input type="checkbox"/> Likes to play in or around water | <input type="checkbox"/> Other _____ |

Lifestyle & Home Life

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Outdoors only | <input type="checkbox"/> Indoors at night | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> Indoors in cold weather | <input type="checkbox"/> In barn or shed | <input type="checkbox"/> Screened porch | |
| <input type="checkbox"/> Outdoors in warm weather | <input type="checkbox"/> Indoors with access to outside | <input type="checkbox"/> Other _____ | |

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

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living room | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> At the window | <input type="checkbox"/> Outdoors only | <input type="checkbox"/> Barn or shed | <input type="checkbox"/> Where people are |
| <input type="checkbox"/> Other _____ | | | |

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Rough with others | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Gentle with others | <input type="checkbox"/> Peacefully coexisted | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Cat feared dog | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Dog chased cat | <input type="checkbox"/> Caused this cat stress | <input type="checkbox"/> Cat rubbed on dog |
| <input type="checkbox"/> Cat tormented dog | <input type="checkbox"/> Avoided each other | <input type="checkbox"/> Peacefully coexisted | |
| <input type="checkbox"/> 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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Cat actively avoided child | <input type="checkbox"/> Child could pet cat | <input type="checkbox"/> Mutual adoration |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Cat & child played together | <input type="checkbox"/> Cat hissed or growled at child |
| <input type="checkbox"/> 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 your cat. _____

Are there any habits you are not fond of in your cat? _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Jump on counters | <input type="checkbox"/> Scratch furniture | <input type="checkbox"/> Chew plants |
| <input type="checkbox"/> Scratch doors/cabinets | <input type="checkbox"/> Chew personal items | <input type="checkbox"/> Climb curtains |
| <input type="checkbox"/> Other _____ | | |

How did you attempt to correct this? _____

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

Litterbox 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

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 share any additional comments about your feline friend. _____
