CAT QUESTIONNAIRE

Animal ID: ________________  Person ID: ________________

Cat Information
Where did you get your cat from? ____________________________ What do you feed it? __________________________

Why are you surrendering your cat? Please check all that apply
☐ Conflicts with other pets  ☐ Aggressive behavior  ☐ Other (please explain)
☐ Furniture/carpet scratching  ☐ Urination/defecation
☐ Veterinary/food expenses  ☐ Death/illness of cat’s caregiver
☐ Fearful/shy behavior

Would you be interested in keeping your cat if we can resolve any issues?  ☐ Yes  ☐ No

Where does your cat sleep at night? ____________________________ Where does it stay during the day? ____________________________

Is there a part of his/her body they don’t like to be touched?  ☐ Yes  ☐ No

If so, where? ____________________________________________________________

What does your cat do that lets you know he/she doesn’t like it? ________________

Does your cat have current vaccines?  ☐ Yes  ☐ No

Name of facility who administered vaccines: ____________________________

Does your cat have any medical problems?  ☐ Yes  ☐ No

If so, what are they: ______________________________________________________

How would you describe your cat’s personality? Please check all that apply?
☐ Friendly/Affectionate  ☐ Adapts easily to change  ☐ Lap Cat
☐ Hunter/Prey Drive  ☐ Shy/Sedate/Calm  ☐ Aggressive
☐ Independent  ☐ Destructive  ☐ Other (please explain)
☐ Outgoing/Confident  ☐ Playful
☐ Vocal  ☐ High Energy

Has your cat’s personality changed recently? If so, please explain:
____________________________________________________________________________________________

____________________________________________________________________________________________

How does your cat react to handling? Please rate each on a scale of 1-5. Example: 1=Enjoys, 3=Tolerates, 5=Dislikes/will bite or scratch

_________Petting face/neck/chin  _______Touching tail  _______Picking up/holding

_________Petting lower back  _______Touching paws/nail trim  _______Stranger petting

_________Brushing  _______Touching stomach  _______Stranger picking up/holding

____________________________________________________________________________________________

____________________________________________________________________________________________

10/11/2021
**Information about your home**

How many adults are in your household? _______________

Do you have children in your household?  ☐ Yes  ☐ No  If so, what are their ages? ______________________________________

How does your cat interact with them?  ☐ Loves  ☐ Tolerates  ☐ Ignores

How would you describe your household?  ☐ Quiet and calm  ☐ Busy/active  ☐ Unpredictable/Stressful

Are there any other animals in the household?  ☐ Yes  ☐ No

If so, what are they? ______________________________________

Does your cat get along with  ☐ Cats?  ☐ Dogs?  ☐ Birds?  ☐ Other? ______________________________________

How does your cat get along with the other pets in household? ______________________________________

Does your cat have any issues using the litter box? ______________________________________

☐ Yes, inappropriate urinating  ☐ Yes, inappropriate defecating  ☐ Yes, both  ☐ No

Does your cat have any medical issues?  ☐ Yes  ☐ No

Please describe any medical issues:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Who is your cat’s primary veterinarian? ______________________________________

Do you have any veterinary records that you can provide/obtain?  ☐ Yes  ☐ No

Have you noticed any of the following about your cat?

☐ Diarrhea  ☐ Change in energy level  ☐ Other concerns (please explain)-

☐ Change in appetite  ☐ Sneezing

☐ Coughing  ☐ Change in water consumption or urination

☐ Vomiting

Additional Information you would like us to know about your cat? ______________________________________

____________________________________________________________________________________________________