

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*

- | | | |
|--|---|---|
| <input type="checkbox"/> Conflicts with other pets | <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Furniture/carpet scratching | <input type="checkbox"/> Urination/defecation | _____ |
| <input type="checkbox"/> Veterinary/food expenses | <input type="checkbox"/> Death/illness of cat's caregiver | _____ |
| <input type="checkbox"/> Fearful/shy behavior | <input type="checkbox"/> Housing | |

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 Has it recently received flea treatment? 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?*

- | | | |
|--|--|---|
| <input type="checkbox"/> Friendly/Affectionate | <input type="checkbox"/> Adapts easily to change | <input type="checkbox"/> Lap Cat |
| <input type="checkbox"/> Hunter/Prey Drive | <input type="checkbox"/> Shy/Sedate/Calm | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Destructive | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Outgoing/Confident | <input type="checkbox"/> Playful | _____ |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> 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

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?

- | | | |
|---|---|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Change in energy level | <input type="checkbox"/> Other concerns (please explain)- |
| <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Sneezing | _____ |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Change in water consumption or urination | _____ |
| <input type="checkbox"/> Vomiting | | |

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

