



# Santa Barbara County Animal Services Cat Owner Questionnaire

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

The purpose of this questionnaire is to help us learn more about your pet so that we can offer the best possible solution for your pet. Please answer the questions as honestly as possible. There are no right or wrong answers. Thank you in advance for your time.

Please tell us why you are unable to keep your cat: (please circle one)

**Housing:** Moving Landlord Other: \_\_\_\_\_

**Personal:** Not enough time Divorce No money Job loss New baby Illness Death of Caregiver  
Other: \_\_\_\_\_

**Behavior:** Doesn't get along with other pets Getting out of yard Destroying things Bothering neighbors  
Other: \_\_\_\_\_

**Veterinary:** Pregnant Sick Injured Cannot afford veterinary care  
Other: \_\_\_\_\_

If we could assist you to locate resources to overcome your challenge, would you like to keep your cat?  
Yes No Maybe \*If your answer is yes or maybe, please inform the front desk clerk to see what help is available.

FOR OFFICE USE:		
Animal ID #: _____	Shelter arrival date: _____	Staff intake initials: _____

## General

1. Cat's Name \_\_\_\_\_
2. How long have you had this cat? \_\_\_\_\_ Months / Years
3. Cat's Age \_\_\_\_\_
4. Male    Neutered    Female    Spayed
5. Is the cat declawed?    Yes    No
6. Where did you get your cat?  
 Animal Services    Another Shelter    Breeder    Pet Store    Found as a stray    Born in my home  
 Rescue: \_\_\_\_\_    Other: \_\_\_\_\_

## Health

7. Current food brand ? \_\_\_\_\_    Wet    Dry    Combo    People Food
8. When was this cat last vaccinated? \_\_\_\_\_
9. When was the last time this cat saw the vet? \_\_\_\_\_
10. Which veterinary clinic did you use? \_\_\_\_\_
11. Do you have your veterinary records to turn in with this cat?    Yes    No    Maybe    Can Obtain
12. Does this cat currently have or have had any medical concerns in the past?    Yes    No  
 If yes, please describe:
13. Is this cat currently on any medication or special diet?    Yes    No  
 If yes what: \_\_\_\_\_
14. Have you noticed any of the following? (please check all that apply)  
 Eating more or less    Coughing    Sneezing    Changes in energy level    Vomiting    Diarrhea  
 Changes in water consumption or urination    Other: \_\_\_\_\_

## Behavior

15. Which of the following best describes your cat when you first acquired it (circle all that apply):  
 Friendly    Fearful    Adjusted to you and new home quickly    Playful  
 Took time to adjust to you and new home    Aggressive
16. Does the cat fight with other cats outdoors or through the window?    Yes    No
17. Handling (please check all that apply):

	Enjoys	Tolerates	Dislikes	Will bite/scratch
Petting face/neck				
Petting lower back				
Touching tail				
Touching paws				
Touching stomach				
Owner picking up/holding				
Sitting on owner's lap				
Brushing				

Strangers petting				
Strangers picking up				

18. I would describe this cat as (circle all that apply):

Friendly      Affectionate      Outgoing/Confident      Aggressive      Vocal      Destructive  
 Playful      High energy      Independent      Hunter      Sedate      Night Owl      Shy  
 Lap cat      Adapts easily to change/new things

19. How does your cat usually behave towards the following? (Please check all boxes that apply)

	Never encountered	Friendly	Afraid	Will scratch	Will bite	None of these
<b>People your cat knows</b>						
Men						
Women						
Children						
<b>Unfamiliar people</b>						
Men						
Women						
Children						
<b>Animals your cat knows</b>						
Dogs						
Cats						
Bunnies						
<b>Unfamiliar animals</b>						
Dogs						
Cats						
Bunnies						

20. Is there anything your cat is fearful of? Yes No If yes, please explain: \_\_\_\_\_

## Home Life

21. How would you describe your household?: Calm Active Noisy Chaotic

22. This cat is primarily kept:  
 Indoors      Outdoors      Both indoors and outdoors

23. Are there other cats in your household? Yes No How many? \_\_\_\_\_ Age(s): \_\_\_\_\_

If so, do the cats: Sleep together Groom each other Share food/litter boxes Fight

If the cats fight, does this cat: Start the fight Get picked on

24. Where does the cat sleep at night? \_\_\_\_\_

25. Does this cat currently have any issues with urinating or defecating in other places besides the litter box?

Yes No If yes, Urinating-\_\_\_\_\_ Defecating-\_\_\_\_\_

26. What type of litter do you use?  
 Clay Clumping Scented Unscented Other: \_\_\_\_\_

27. What type of litter box do you have? Covered (with hood) Uncovered

28. How many litter boxes do you have? \_\_\_\_\_

29. Is there any other information you would like to provide regarding the reason you are surrendering this cat?

Thank you for your time. Your input is important to us and will assist in your pet's transition.  
Your pet will be evaluated by Animal Services staff to determine adoptability.