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):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Enjoys</th>
<th>Tolerates</th>
<th>Dislikes</th>
<th>Will bite/scratch</th>
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</thead>
<tbody>
<tr>
<td>Petting face/neck</td>
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<td>Petting lower back</td>
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<td>Touching tail</td>
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<tr>
<td>Touching paws</td>
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<td>Touching stomach</td>
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<tr>
<td>Owner picking up/holding</td>
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<tr>
<td>Sitting on owner’s lap</td>
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<tr>
<td>Brushing</td>
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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)

<table>
<thead>
<tr>
<th>People your cat knows</th>
<th>Never encountered</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Will scratch</th>
<th>Will bite</th>
<th>None of these</th>
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<tbody>
<tr>
<td>Men</td>
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<td>Women</td>
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<td>Children</td>
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<th>Unfamiliar people</th>
<th>Never encountered</th>
<th>Friendly</th>
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<td>Cats</td>
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<td>Bunnies</td>
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20. Is there anything your cat is fearful of?  Yes  No  If yes, please explain:______________________________

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.