

Animal # _____

Date _____

Cat Owner's Questionnaire

Cat's Name: _____ Breed: _____

Age: _____ Date of Birth (if known): _____

To enable us to find the best possible home for this cat, please fill in the information below as completely and accurately as possible. PLEASE BE HONEST. Honest answers will help us place your cat with people who understand his/her unique personality and help avoid your cat being returned to the Humane Society.

Why are you giving up this cat? _____

How long have you owned this cat? _____

How many owners has this cat had, including you? _____

Where did you get this cat? _____

Name of cat's veterinarian? _____ Date last seen? _____

What types of pets did this cat live with? _____

Please describe any conflicts with this cat and the other pets? _____

List ages of any children in household. _____

Describe any problems this cat has with the following:

Children _____

Male Dogs _____

Female Dogs _____

Cats or wildlife _____

Strangers _____

Men _____

Women _____

Other _____

Where did this cat spend most of its time?

Indoors only Mostly indoor In Garage Mostly outside Always outdoors

Where was the litterbox kept? _____

How many cats shared this litterbox? _____

How often does your cat urinate or defecate outside the litterbox? _____

Give example _____



What kind of litter do you use? CLAY SCOOPABLE

How often do you scoop the litter? _____

Is your cat declawed? Y N If yes, why? _____

Does your cat use its claws on furniture or drapes? _____

Does your cat use a scratching post? _____ If so, what type? _____

Where was it kept? _____

How often was this cat brushed or groomed? _____

Describe any problems with grooming? _____

How often does this cat get hairballs? _____

What brand of food do you feed this cat? _____ How much? _____ How often? _____

How often, if ever, does the cat spray? _____

When and where? _____

Have you ever consulted a trainer or behaviorist on any problems concerning this cat? Y N

Describe problem _____

What form of discipline or correction do you use with this cat? _____

How does the cat react? _____

Has this cat ever bitten anyone? YES NO

Describe incident _____

Has this cat ever scratched anyone? YES NO

Describe incident _____

Please describe any health problems this cat has? _____

Is the cat on any medications (if so, please list)? _____

What form of flea control do you use? _____

Please describe your cat's idea of a perfect day? _____

Circle as many of the following that describe your cat's behavior:

Outgoing Friendly Affectionate Independent Relaxed Playful Slow to Adjust

Lap Cat Shy Talks

Does your cat have a favorite type or brand of treats? _____

Do you call your cat by any nicknames? _____

Is there anything else we should know about this cat? _____
