



Cat Owner Questionnaire

***Has this cat bitten anyone or any animal in the past 10 days? Yes No**

If yes, please stop and inform the staff.*

General Information

Shelter Arrival Date: _____

Cat's Name: _____ Cat's age or approximate age: _____

Cat's Sex: Male Female Unsure

Is cat spayed/ neutered? Yes No Unsure

What kind of I.D. does your cat have?

Tattoo, Location: _____ Microchip, Number: _____

Is the cat declawed? Front All Not declawed

If declawed, when was it done? As a kitten As an adult

History

Why are you surrendering your cat? _____

If surrender reason is behavioral, please explain: _____

How long have you owned your cat? _____

Including yours, how many homes has this cat had? _____

Where did you acquire this cat?

From HSGS Rescue Group Breeder Found as a stray Newspaper Ad Friend/relative
 Pet Store FACTS or Pound Pups Born in my home Other _____

Medical History

Did the cat see a veterinarian at least once per year? Yes No Not sure

If so, which clinic? _____

Is the cat current on vaccinations? Yes No Not sure

Has this cat ever had surgery other than sterilization? Yes No Not sure

If yes, please explain: _____

Has the cat been diagnosed with and/or treated for any of the following: (Check all that apply)

Upper respiratory infection Allergies Heart murmur Tumors

Epilepsy or seizures Organ failure Thyroid disease Diabetes

Urinary tract infection Other (please explain) _____

Personality

How would you describe your cat most of the time? (Check all that apply)

Friendly to family Very active A clown Couch potato Friendly to visitors Playful

Aloof Withdrawn Shy to family Talkative Affectionate Independent Solitary

Shy to visitors Quiet Lap cat Playful More like a dog Fearful Fearless

Play Style

My cat likes to play: (Check all that apply)

Does not Play Gently, does not usually use teeth or claws Rough, may bite or scratch

Chase & pounce with variety of toys With things that crackle, such as paper bags

Hide & Seek Fetch with items like bottle caps or toys Chase with bugs or moths

In or around water Likes to learn tricks for treats With other cats With dogs

Other: _____

Lifestyle & Home Life

What areas of your home did the cat have access to? (Check all that apply)

Indoors Outdoors Indoors at night Garage or basement

Indoors in cold weather In barn or shed Screened porch

Indoors with access to outside Other _____

Where did your cat spend most of his or her time? (Check all that apply)

Bedroom Kitchen Living room Garage or basement At the window Outdoors only

Barn or shed Where people are Other _____

If this cat has lived with *other cats*, how did they interact? (Check all that apply)

Adored each other Played together Sniffed noses Groomed each other

Slept near each other Ignored each other Rough with others

Fought with injuries Fought without injuries Gentle with others Caused this cat stress

Peacefully coexisted Other (please explain) _____

If this cat has lived with *dogs*, how did they interact? (Check all that apply)

- Adored each other Played together Sniffed noses Groomed each other
 Slept near each other Ignored each other Cat feared dog
 Fought with injuries Fought without injuries Dog chased cat Caused this cat stress
 Cat rubbed on dog Cat tormented dog Avoided each other
 Peacefully coexisted Other (please explain) _____

Has the cat regularly been around children? Yes No Unsure. Ages: _____

Have the experiences with the cat and child(ren) always been positive? Yes No

If no, please explain: _____

Is this cat more comfortable with:

- Women Men Kids Teenagers Seniors Loves all people

Describe the ideal home for your cat? _____

Please tell us some things you truly love about this cat. _____

Are there any quirks or habits you are not fond of in your cat? _____

Does the cat do any of the following? (Check all that apply)

- Jump on counters Scratch furniture Chew Plants Scratches doors/cabinets
 Chew personal items Climb curtains Other _____

How did you attempt to correct this problem? _____

Dietary Habits

What is the cat's favorite *brand* of food? _____

Which does your cat eat?

- Dry only Canned only Combination of dry & canned People food

What type of treats does your cat enjoy? _____

How often is your cat fed? Food always available Designated mealtimes

Litter box Habits

We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavior issues involved.

Does your cat have access to a litter box in the house? Yes No

If no, did your cat use the bathroom outdoors? Yes No Sometimes

If sometimes, how often does the cat make mistakes? _____

Is the litter box: Covered Uncovered

Where is the litter box(s) located in the house? _____

Please describe any litter box accidents:

- Urinates outside the box Urinates on clothing/furniture Defecates outside the box
 Sprays on walls/furniture All of the above Other _____

How often was litter box scooped? Every day Every few days Weekly Rarely

What type(s) of litter was used? Unscented Scented Clumping Non-Clumping

- Crystals Clay Pine Yesterday's News Other: _____

Are there other animals in your home? No Other cats Dogs Birds Rodents

If other cats are in the home, how many shared a litter box?

- One Two or more Many cats shared Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin?

- Past month Past year Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use? _____

Please describe the measures you have taken to correct this problem.

Has your cat been to the veterinarian to rule out infection or underlying health issues?

- Yes No

If yes, what was the outcome? _____

Please tell us any additional comments about your feline friend.
