

## CAT QUESTIONNAIRE

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Please fill out this form as completely as possible. No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about history, past veterinary care, likes and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly can!  
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Cat's Name: \_\_\_\_\_ Cat's Birthdate: \_\_\_\_\_

Cat's sex: Male Female Is your cat spayed/neutered? Yes No Not Sure

Is your cat microchipped? Yes No Not Sure

Who is the microchip registered to? Self Someone Else \_\_\_\_\_

Has your cat ever bitten any person? Yes No If so, when? \_\_\_\_\_

If yes, please check all that apply:

Love Bite Play Bite Bite Clothing Only Minor Bite (did not break skin or leave bruising)  
Bite (Broke Skin) Major Bite (Broken Skin/Blood Drawn/Bruising)

Where did you obtain your cat? HSSW Breeder Stray Another Shelter Pet Store  
Friend/Family Newspaper/Craigslist Born in my home Other:

How long has your cat lived with you? \_\_\_\_\_

Is your cat declawed? Yes No \_\_\_\_\_ If yes, Front paws only All four paws  
If yes, when? As a kitten As an adult Acquired declawed

## Personality & Behavior

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

Very active Friendly to family Friendly to visitors A clown Couch potato Shy to family  
Shy to visitors Playful Talkative Affectionate Independent Aloof Quiet Lap cat  
Withdrawn Playful Fearless Fearful Solitary More like a dog Other: \_\_\_\_\_

Where, if any, does your cat dislike being petted? \_\_\_\_\_

## Play Style

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How does your cat like to play? (check all that apply)

Plays gently, does not use teeth or claws    Likes to play rough, may nip or scratch    Likes to chase & pounce with a variety of toys    Likes things that crackle, such as paper bags    Likes to play hide and seek  
Will fetch items like bottle caps or toys    Likes to learn tricks for treats    Likes to play with other cats  
Likes to play with dogs    Not much interest in play    Chases bugs or moths  
Likes to play in or around water    Other: \_\_\_\_\_

## Lifestyle & Home Life

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

Indoors only    Outdoor only    Indoors at night    Garage or basement    Indoors with access to outside  
Screened porch    Indoors in cold weather    In barn or shed    Outdoors in warm weather  
Other: \_\_\_\_\_

Has your cat regularly been around children?    Yes    No    Unsure

If yes, indicate what ages:    0-2 yrs.    3-5 yrs.    6-10 yrs.    11-18 yrs.

If your cat lived with children, how did they interact? (check all that apply)

Cat actively avoided child    Child could pet cat    Mutual adoration    Ignored each other  
Cat & child played together    Cat hissed or growled at child    Other: \_\_\_\_\_

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

If no, please explain: \_\_\_\_\_

Is your cat more comfortable with:    Women    Men    Kids    Teenagers    Seniors    Loves all people

## Health & Dietary Habits

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Does your cat see a veterinarian on a regular basis? (at least once a year)    Yes    No

Which clinics is your cat seen at? \_\_\_\_\_

Are there any illnesses or conditions a new owner should know about?    Yes    No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which does your cat eat?    Dry only    Canned only    Combination of dry and canned    People food

Does your cat have a preferred brand and flavor? \_\_\_\_\_

What type of treats does your cat enjoy? \_\_\_\_\_

How often do you feed your cat?    Food always available    Fed once a day    Fed twice a day

Does your cat need a special diet?    Yes    No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Would you consider your cat to be a picky eater?    Yes    No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is your cat on any type of flea treatment?    Yes    No

If yes, what kind?    Advantage    Frontline    Revolution    Other: \_\_\_\_\_

## Litter Box Use

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

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

If yes, did your cat use the litter box?    Yes    No    Sometimes

If sometimes, how often does your cat make mistakes? \_\_\_\_\_

Please describe the accidents:    Urinates outside the box    Defecates outside the box    Urinates on clothing/furniture    Sprays on walls/furniture    All of the above    Other: \_\_\_\_\_

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

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

Clay    Other: \_\_\_\_\_

If other cats are in your home, how many shared a litter box?    One    Two or more    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 what 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? \_\_\_\_\_

What else would you like us to know about your cat?

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## Other Animals

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Has your cat lived with other animals? Yes No

Dogs, how many? \_\_\_\_\_ Males Females

Ignored Played with Acted bossy Acted shy

Cats, how many? \_\_\_\_\_ Males Females

Ignored Played with Acted bossy Acted shy

Other, how many? \_\_\_\_\_ Males Females

Ignored Played with Acted bossy Acted shy

**Office Use Only** | Profile reviewed with patron by: \_\_\_\_\_

Comments: \_\_\_\_\_

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