

Cat Owner's Questionnaire



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 your cat's history, past veterinary care, likes and dislikes.

YOUR CONTACT INFORMATION

Your Name: _____ Primary Phone: _____

Email: _____

Address: _____

City _____ Zip _____

Has your cat bitten anyone or any animal in the last ten days? ☐ Yes ☐ No

If yes, please describe the circumstances: _____

GENERAL INFORMATION

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

Cat's Sex ☐ Male ☐ Female ☐ Unsure Is your cat spayed/neutered? ☐ Yes ☐ No

Is your cat declawed? ☐ Yes ☐ No

If yes: ☐ Front declaw ☐ All four feet How old was your cat when it was declawed? _____

Does your cat have a microchip? _____ Microchip number _____

How long have you had your cat? _____

Where did you get your cat from? _____

If you got your cat from a shelter or rescue what was the name of it? _____

Did you contact them before bringing your cat to WASPCA ☐ Yes ☐ No

Why are you surrendering your cat? _____

If we could help you resolve this issue would you be interested in keeping your cat? _____

Have you tried to rehome your cat? ☐ Yes ☐ No

What should we know about your cat so that we may find it the best home?

Medical History

Is your pet current on vaccinations? ☐ Yes ☐ No Name of regular veterinarian _____

Cat Owner's Questionnaire



May we contact your veterinarian for medical records? ☐ Yes ☐ No

Any known medical issues? ☐ Yes ☐ No If Yes, Please Explain: _____

Is your cat currently on any medication or special diet? ☐ Yes ☐ No If Yes, please list: _____

What type of food does your cat eat? _____

How often do you feed your cat? _____ How much? _____

If you have any medical records please bring them with you to your intake appointment.

HOME ENVIRONMENT

Describe the environment your cat lived in:

- ☐ Indoor Only/Never been outdoors ☐ Outdoor only
☐ Mostly indoor but allowed outdoors with supervision ☐ Indoor/Outdoor
☐ Other (please describe) _____

Would you recommend placing this cat in an outdoor environment? ☐ Yes ☐ No

If no, please explain: _____

Please describe the human family members that your cat has lived with (check all that apply):

- ☐ Adult Men ☐ Adult Women ☐ Senior Citizens ☐ Children (what ages) _____

Is your cat more comfortable with:

- ☐ Women ☐ Men ☐ Teenagers ☐ Kids ☐ Seniors ☐ Loves all people

If you have children in your home how did the cat behave around them? _____

If your cat has lived with other cats, how did they interact? _____

If your cat has lived with dogs, how did they interact? _____

PERSONALITY

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

- ☐ Friendly to family ☐ Shy to family ☐ Friendly to visitors ☐ Shy to visitors

Cat Owner's Questionnaire

- ☐ Affectionate ☐ Lap cat ☐ Talkative ☐ Playful ☐ Couch potato ☐ More like a dog
☐ Independent ☐ Quiet ☐ Aloof ☐ Solitary

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

- ☐ Plays gently, does not generally use teeth or claws
☐ Likes to play rough, may bite or scratch
☐ Likes to chase and pounce
☐ Likes things that crackle, such as paper bags
☐ Likes to play with other cats
☐ Likes to play with other dogs
☐ Likes to play hide and seek
☐ Likes to play in the water
☐ Likes to learn tricks for treats
☐ Not Interested in play
☐ Other: _____

Does your cat hunt? ☐ Yes ☐ No If yes, what does it hunt? _____

Does your cat like to be picked up? ☐ Yes ☐ No

What does your cat do if it doesn't want to be picked up? _____

LITTER BOX HABITS

Is the litter box: ☐ Covered ☐ Uncovered ☐ Goes to the bathroom outside only

Where is the litter box located in the house? _____

How many litter boxes do you have? _____

Does the cat have accidents outside of the litter box? ☐ Yes ☐ No ☐ Sometimes

If yes, describe where/on what did the accidents occur: _____

If litter box issues are a problem, how long ago did they begin? _____

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 a veterinarian to rule out infection or underlying health issue? ☐ Yes ☐ No

Cat Owner's Questionnaire



If yes, what was the outcome?

How often was the litter box scooped?

☐ Every day ☐ Every few days ☐ Weekly ☐ Rarely

How often was the litter changed? _____

What type of litter was used?

☐ Unscented ☐ Scented ☐ Clumping ☐ Non-Clumping

If multiple cats, how many shared a litter box? _____

Have you surrendered cats or kittens to us in the past? ☐ Yes ☐ No

If yes, please explain: _____

If you are feeding community cats would you like more information about trap-neuter-return _____

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