

CAT OWNER'S QUESTIONNAIRE



Please fill out this form as completely as possible! No one knows and loves your cat the way you do. To help us find the best new home for your cat, please provide as much detail as possible about the likes, dislikes, quirks, history, and vet care of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does! Our mission is to Save and Enhance Lives!

Reservations are Required! After we receive and review your completed Cat Owner's Questionnaire, we will contact you within 24-hours to schedule your intake appointment. Please plan ahead, same-day appointments are not always available. Your appointment is not a drop-off time! Know that appointments last approximately 45-minutes. Don't forget to bring your pet's veterinary history and proof of vaccination to your appointment along with your cat's favorite toy(s) or bedding to help your pet feel comfortable at our Community Center.

Return this form via fax to: 408/262-2131

Return this form via e-mail to: customer_care@hssv.org

YOUR CONTACT INFORMATION

Your Name: _____ Day phone: _____
E-mail: _____ Evening phone: _____
Address: _____ City: _____

DESCRIPTION OF YOUR CAT and BASIC HISTORY

Cat's Name: _____ Age: _____ Sex: Male Female Altered: Yes No

Breed: _____ Does your cat have a microchip? Yes No Chip #: _____

Why do you need to give up your cat? _____

If we could help you resolve the issue, would you consider keeping your cat? Yes No Maybe

Have you tried to find a home for your cat on your own? Yes No

Have you contacted any rescue groups for help in re-homing your cat? Yes No

Has your cat bitten anyone in the **last 10 days**? Yes No If yes, did it break skin? Yes No

If yes, what were the circumstances: _____

Does your cat have a tendency to bite or scratch? Yes No If yes, does it break skin? Yes No

If yes, under what circumstances: _____

How long have you owned your cat? _____

If this is not your cat, who owns this cat? _____

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

Where did you get your cat from?

Breeder Friend or Relative HSSV (when did you adopt?): _____

Pet Store Advertisement Another Shelter / Rescue: _____

Born at home Found stray Other: _____

FAMILY ENVIRONMENT

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*): _____

Did your home have children as visitors on a regular basis? Yes No

If yes, what were the ages of the children: _____

Describe your cat's behavior around children (*check all that apply*):

- Friendly/playful Gentle Nervous / frightened Unpredictable
 Ignores or indifferent Roughhouses Actively avoids children Never been around children
 Other (*please explain*): _____

Would you recommend placing this cat in a home with children? Yes No

If no, please explain: _____

Please check all the animals that your cat has **lived** with (*check all that apply*):

- Male cats Rabbits Birds Dogs (*what kind*): _____
 Female cats Farm Animals Reptiles Small Animals (*what kind*): _____
 Other: _____

If your cat lives with other cats, how many are in the household? _____

Describe your cat's behavior around other cats (*check all that apply*):

- Adores other cats Friendly/playful Frightened Aggressive with all cats
 Ignores or indifferent Bossy Cause this cat stress Aggressive with unfamiliar cats
 Good with some cats Roughhouses Avoids other cats Never been around other cats
 Other (*please explain*): _____

Would you recommend placing this cat in a home with other cats? Yes No

If no, please explain: _____

Describe your cat's behavior around dogs (*check all that apply*):

- Never been around dogs Friendly/playful Bossy Frightened of dogs
 Ignores or indifferent Roughhouses Stressed by dogs Aggressive toward dogs
 Other (*please explain*): _____

Would you recommend placing this cat in a home with dogs? Yes No

If no, please explain: _____

HOME ENVIRONMENT

Where does your cat live?

- Indoors only Inside mostly Inside and Outside equally
 Only outside with supervision Outside and in garage Outdoors only

If indoor/outdoor, when was the cat allowed outside: _____

Where does your cat sleep at night (*check all that apply*)?

- Loose in the home Confined to one room On couch, chair, or other furniture
 In adult's room In child's room On the person's bed
 On the cat's bed In garage Outside

How many hours of a **typical** day is your cat home alone (*check one*):

- None, someone is always around Less than 1 hour 1-5 hours
 5-10 hours 10+ hours Lived outdoors, never been inside

Other (*please explain*): _____

Please indicate the number of each you have in your home:

Scratching posts: _____

Food bowls: _____

Water bowls: _____

How many litter boxes are provided for your cat? _____

No litter box, cat does its business outside

Does your cat ever have any "bathroom accidents" (check all that apply):

Never

Occasionally

Only if litter box is dirty

Sometimes

Regularly

Daily

Other (please explain): _____

How would you describe your household (check one)?

Active, busy, and/or noisy

Average

Calm and/or quiet

ACTIVITIES, PLAY and BEHAVIOR

Would describe your cat as (check all that apply):

Friendly and outgoing

Active

Feisty

Anxious and/or nervous

More like a dog than a cat

Playful

Vocal / Talkative

Shy

Rambunctious

Fearless

Independent

Shy only with strangers

Affectionate

Friendly to visitors

Aloof

A scaredy cat

Lap cat

Lazy

Spiteful

Solitary

Other (please explain): _____

Does your cat (check all that apply):

Use a scratching post

Like being groomed

Bite or chew playfully

Hide from other cats

Walk on a leash

Like being held

Hunt rodents/birds

Fight with other cats

Meow a lot

Sleep on bed with people

Play fetch

Scratch drapes

Chew on plants

Drool when pet

Climb drapes

Scratch carpeting

Like catnip

Jump on counters

Pounce from above

Become very active at night

Describe how your cat likes to play (check all that apply):

Gently – no teeth or claws

Fetches toys and/or small items

Rough – may bite or scratch in play

Likes mouse toys and/or balls

Likes hide and seek

Likes to chase and pounce

Likes crackly things (ex. paper bags)

Learns tricks for treats

Chases bugs / moths

Likes feather wands or pole toys

Likes playing with other cats

Not much interest in playing

Other (please explain): _____

Are there any places on your cat's body that s/he does not like being touched, brushed or petted? Yes No

If yes, please explain where: _____

What does your cat do when it has had enough petting (check one)?

Walks away

Growls, scratches, and/or bites

Too much petting, what's that!

Other (please explain): _____

How does your cat react to visitors and/or strangers in your home (check all that apply)?

Immediately curious of visitors

Hides, but soon comes to say hi

Hides, does not come out while there

Indifferent, goes about normal activity

Avoids, but goes about normal activity

Rarely have visitors in my home

Other (please explain): _____

Is your cat afraid of anything (check all that apply)?

Loud noises

Vacuum

Broom

School aged children

Babies and/or toddlers

Unpredictable children

Strangers / Unfamiliar people

Unfamiliar cats

Unfamiliar dogs

Dogs

Cars

Anything new or different

Other (please explain): _____

What does your cat do when afraid: _____

Does your cat have any bad habits or "quirks"? Yes No

If yes, please explain: _____

Does your cat know any tricks or commands?

Yes No

If yes, please explain: _____

DIET, HEALTH and GROOMING

What brand of food does your cat eat? _____

How often does your cat eat?

Once a day Twice a day Always available Other: _____

Does your cat eat:

Wet food only Dry food only Combination

Is your cat declawed? Yes-Front Yes-Back Not declawed

If yes, when was your cat declawed? _____

How does your cat react to seeing the veterinarian (*check all that apply*):

Loves it Tolerates it Hates it
 Nervous Needs to be muzzled for the vet Has never seen the vet

Name and location of your cat's veterinarian: _____

Please indicate which vaccinations your cat has had and the date of the most recent vaccination:

FVRCP: _____ Rabies: _____ Never been vaccinated
 Feline Leukemia: _____ FIV: _____

Has your cat ever been diagnosed or treated for any of the following by a veterinarian (*check all that apply*):

Urinary blockage Ringworm Upper respiratory infection / conjunctivitis
 Digestive problems Ear mites Urinary tract infection
 Broken bone(s) Diabetes Thyroid disease
 Kidney or liver problems Compulsive grooming Tumors and/or Cancer
 Required surgery Flea allergies or skin problems None, my cat has always been healthy
 Other illness / condition: _____

Does your cat require any medications or a special diet? _____

Is your cat accustomed to (*check all that apply*):

Bathing Brushing / combing Nail Trimming
 Ear cleaning Medicating Other: _____

Has your cat ever been kenneled/boarded at a:

Private Boarding Kennel Veterinarian Animal Shelter Never been boarded

If yes, how did your cat react to being kenneled / boarded? _____

OTHER

What else should we know about your cat so we may find it the *best* home? _____

OFFICE USE ONLY

	Date	Time	Initials	Message Left?
Questionnaire Received				
Call Back 1				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact
Call Back 2				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact

Appointment Date: _____ Appointment Time: _____ CCare Behav SNds Med

A# _____ P# _____ Questionnaire Review by: _____