PUP PROGRAM QUESTIONNAIRE – KITTENS

Please fill out this form as completely as possible! No one knows and loves your kittens the way you do. To help us find the best new home for this litter, please provide as much detail as possible about the history, handling, and vet care of the kittens.

Return this form via email or fax to: intake@hssv.org / (408)262-2131

YOUR CONTACT INFORMATION

Your Name: ______________________________ Main Phone: __________________
E-mail: ________________________________ Alternate Phone: __________________
Address: ______________________________ City/Zipcode: __________________

DESCRIPTION & HISTORY OF KITTENS

Date of Birth: __________ Number in Litter: __________ Number Surrendering: __________
Physical Description of Kittens (color, coat length, sex): _____________________________
Do the kittens have a tendency to bite or snap? ❑ Yes ❑ No If yes, does it break skin? ❑ Yes ❑ No
If yes, under what circumstances? ___________________________________________________
_________________________________________________________________________________
Where have the kittens been housed?
❑ Free run of the home ❑ Crated ❑ Confined to one room in house
❑ Garage ❑ Fenced yard ❑ Other: __________________________

PARENT HISTORY

Do you own the mother of these kittens? ❑ Yes ❑ No If no, who owns the cat? __________________________
How long have you owned the mother? ___________________ The father? __________________
Mother’s Name: _______________ Mother’s Age: _______________ Mother’s Weight: _______________
Father’s Name: _______________ Father’s Age: _______________ Father’s Weight: _______________
Have the parents ever had any health problems? ❑ Yes ❑ No ❑ I don’t know
Please explain: _____________________________________________
Are the parents current on vaccinations? ❑ Yes ❑ No
If no, have they ever been vaccinated? ❑ Yes ❑ No When? __________________
Have the kittens seen a veterinarian? ❑ Yes ❑ No
If so, what vaccines or treatments did they receive? _______________________________________

HANDLING & SOCIALIZATION

Please check all of the following the kittens have interacted with (check all that apply):
❑ Adult Men ❑ Adult Women ❑ Seniors
❑ Children 0-5 ❑ Children 6-11 ❑ Children 12+
❑ Other: __________________________________________
How often are the kittens handled by people?

- [ ] Almost always
- [ ] Daily
- [ ] Weekly
- [ ] Almost never

Please explain: ____________________________

Describe the kittens’ behavior around children (check all that apply):

- [ ] Gentle
- [ ] Friendly/playful
- [ ] Nervous/frightened
- [ ] Unpredictable
- [ ] Ignores
- [ ] Roughhouses
- [ ] Actively avoids
- [ ] Never been around children
- [ ] Other (please explain): ____________________________

Would you recommend placing these kittens in a home with children?

- [ ] Yes
- [ ] No

If no, please explain: ____________________________

Please check all of the following the kittens have lived with (check all that apply):

- [ ] Male dogs
- [ ] Cats
- [ ] Birds
- [ ] Small animals (what kind): ____________________________
- [ ] Female dogs
- [ ] Rabbits
- [ ] Reptiles
- [ ] Farm animals (what kind): ____________________________
- [ ] Other: ____________________________

Please check all of the following the kittens are accustomed to (check all that apply):

- [ ] Bathing
- [ ] Brushing/combing
- [ ] Nail Trimming

FEEDING HISTORY & LITTER BOX HABITS

How were the kittens fed when first born?

- [ ] Nursed by mother since birth
- [ ] Bottle fed only, mother present
- [ ] Nursed & bottle fed
- [ ] Bottle fed only, mother not present
- [ ] Other: ____________________________

What is their current diet?

- [ ] Kitten milk replacer
  - Brand: ____________________________
- [ ] Canned kitten food
  - Brand: ____________________________
- [ ] Dry kitten food
  - Brand: ____________________________
- [ ] Other: ____________________________

How often are the kittens fed?

- [ ] Once daily
- [ ] Twice daily
- [ ] Three times daily
- [ ] Free fed
- [ ] Other: ____________________________

Are the kittens using a litter box?

- [ ] Yes
- [ ] No

If no, where do they do their business? ____________________________

If yes, how many litter boxes are provided for the kittens? ____________________________

Do the kittens ever have bathroom accidents?

- [ ] Never
- [ ] Occasionally
- [ ] Only if litter box is dirty
- [ ] Sometimes
- [ ] Regularly
- [ ] Daily
- [ ] Other (please explain): ____________________________

BEHAVIOR INFORMATION

Would you describe the kittens as (check all that apply):

- [ ] Friendly/Outgoing
- [ ] Active
- [ ] Feisty
- [ ] Anxious/Nervous
- [ ] Playful
- [ ] Vocal/Talkative
- [ ] Shy
- [ ] Shy with strangers
- [ ] Affectionate
- [ ] A Scaredy Cat
- [ ] Solitary
- [ ] Spiteful
- [ ] Other (please explain): ____________________________

Do the kittens (check all that apply):

- [ ] Use a scratching post
- [ ] Like being groomed
- [ ] Bite/chew playfully
- [ ] Like being held
- [ ] Hunt rodents/birds
- [ ] Become active at night
- [ ] Scratch furniture/carpeting
- [ ] Other (please explain): ____________________________
Describe how the kittens like to play (check all that apply):

- Gently (no teeth or claws)
- Fetches toys
- Rough (may bite or scratch)
- Likes mouse toys/balls
- Chases and pounces
- Likes crackly things (i.e. bags)
- Learns tricks for treats
- Likes feather wand
- Likes playing with other kittens
- No interest in playing
- Other (please explain): ______________________________

How do the kittens react to visitor/strangers in your home? (check all that apply):

- Immediately curious
- Hide, but soon come to say hi
- Hides, does not come out
- Indifferent/acts normal
- Avoids, but acts normal
- Rarely have visitors
- Other (please explain): ______________________________________

Which of the following are the kittens afraid of? (check all that apply):

- Loud noises
- Vacuum
- Broom
- Strangers
- Loud children
- Babies/toddlers
- Cars
- Anything new or different
- Unfamiliar cats
- Unfamiliar dogs
- Other (please explain): ______________________________

What do the kittens do when afraid? ______________________________