

A# \_\_\_\_\_ P# \_\_\_\_\_



## 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**

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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**

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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*):

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

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Immediately curious                    | <input type="checkbox"/> Hide, but soon come to say hi | <input type="checkbox"/> Hides, does not come out |
| <input type="checkbox"/> Indifferent/acts normal                | <input type="checkbox"/> Avoids, but acts normal       | <input type="checkbox"/> Rarely have visitors     |
| <input type="checkbox"/> Other ( <i>please explain</i> ): _____ |  |   |

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Loud noises     | <input type="checkbox"/> Vacuum          | <input type="checkbox"/> Broom                                  | <input type="checkbox"/> Strangers                 |
| <input type="checkbox"/> Loud children   | <input type="checkbox"/> Babies/toddlers | <input type="checkbox"/> Cars                                   | <input type="checkbox"/> Anything new or different |
| <input type="checkbox"/> Unfamiliar cats | <input type="checkbox"/> Unfamiliar dogs | <input type="checkbox"/> Other ( <i>please explain</i> ): _____ |  |

What do the kittens do when afraid? \_\_\_\_\_