Feline Questionnaire



Animal	ID#	

All pet owners are asked to complete this questionnaire at the time of surrender. This information can provide us with more background about the animal's history and behavior which is helpful in determining what is best for the cat or kitten. Please answer as many questions as possible, we appreciate your honesty!

O1	Date:		
1.	Cat's name: Age or approximate age:		
	Sex: M Neutered F Spayed How long have you had this animal?		
2.	Reason for surrender:		
3.	. How did you get this cat? ☐ Found ☐ Friend/Relative ☐ Responded to an ad ☐ Gift ☐ Born in my home ☐ Breeder ☐ Pet store ☐ Shelter/Rescue ☐ Other:		
4.	Has the cat ever bitten a person? \square No \square Yes If yes, did it break the skin? \square Yes \square No		
5.	Has the cat ever killed or injured another animal? $\ \square$ No $\ \square$ Yes, please describe:		
6.	The cat's personality tends to be: (check all that apply)		
7.	What favorite characteristics do you like most about the cat?		
8.	Has the cat lived with: ☐ Men ☐ Women ☐ Children under 6 years ☐ Children 6-12 yrs ☐ Teens (13-19 yrs) ☐ Cats (how many?) ☐ Birds		
	□ Dogs (breed/size:) □ Other animals:		
9.	Are there any behavior issues this cat has with any of the above? Yes No Please describe:		
10.	Has your cat lived: ☐ Indoor only ☐ Indoor/Outdoor ☐ Outside only		
	Does your cat: ☐ Always use a litter box ☐ Always 'goes' outdoors ☐ Does not use a litter box		
	☐ Uses both a litter box and outdoors ☐ Is not provided with litter box ☐ Infrequently uses box ☐ Inappropriately uses the litter box, urinates and/or defecates outside the box		
12.	What type of cat litter do you use? ☐ Clay ☐ Clumping ☐ Pine ☐ Paper ☐ Other:		
13.	What are your cat's favorite treats or toys?		
15.	Is your cat microchipped? Yes (with AVID, HomeAgain or other) No Unsure Is your cat declawed? Front paws Back paws All four paws Not declawed		
10.	Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this cat?		

continued on back

Animal ID#				
17. Has this cat seen a veterinarian in the past 12 months? $\ \square$ Yes $\ \square$ No				
Reason for the visit?				
Clinic name/location:				
18. Has this animal traveled/lived outside the Pacific Northwest in the last 12 months? $\ \Box$ Yes $\ \Box$ No				
☐ Don't know If yes, where and for how long?				
Please provide additional information about the background, behavior or medical history of this animal below.				
Additional Background Information				
Additional Behavior Information				
Additional Medical Information				