Feline Questionnaire

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!

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? □ No □ Yes If yes, did it break the skin? □ Yes □ No
5. Has the cat ever killed or injured another animal? □ No □ Yes, please describe:________

6. The cat's personality tends to be: (check all that apply) □ Friendly □ Playful □ Outgoing
   □ Timid/shy/nervous □ Calm □ Vocal □ Active □ Destructive □ Demanding
   □ Aggressive □ Other:______________________________________________________

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

11. 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

    □ Other:_____________________________________________________________________

13. What are your cat's favorite treats or toys?________________________________________

14. Is your cat microchipped? □ Yes (with □ AVID” □ HomeAgain” or □ other) □ No □ Unsure

15. Is your cat declawed? □ Front paws □ Back paws □ All four paws □ Not declawed

16. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this cat?
   □ No □ Yes, please explain:________________________________________________________________

continued on back
Animal ID# __________________

17. Has this cat seen a veterinarian in the past 12 months?  □ Yes  □ No
   Reason for the visit? ____________________________
   Clinic name/location: __________________________

18. Has this animal traveled/lived outside the Pacific Northwest in the last 12 months?  □ Yes  □ 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