



# Cat Purrsonality Questionnaire

Your cat is unable to tell us what we need to know to place him/her in the best home possible. We need you to help him/her by giving detailed and honest answers.

Has your cat bitten anyone in the last ten days?  Yes  No If yes, did the bite break skin?  Yes  No  
Has your cat ever bitten anyone?  Yes  No What were the circumstances? \_\_\_\_\_

**If YES to either of the above questions, please inform staff immediately.**

**General Information**

Cat's Name \_\_\_\_\_ Description \_\_\_\_\_ Age \_\_\_\_\_

How long have you had this cat? \_\_\_\_\_

Where did you obtain this cat? \_\_\_\_\_

Is there a colony in your neighborhood or where the cat was found? \_\_\_\_\_

Does your cat have a microchip or tattoo? (Circle one)  Yes  No Location of tattoo: \_\_\_\_\_

Is your cat:  Female  Male Is cat spayed or neutered?  Yes  No

Is the cat declawed?  Front  All  Not declawed

Why are you surrendering your cat? (Circle all that apply)

Behavioral problems Time commitment Family/housing issues Health issues (yours or cat's) Other

Please explain in your own words why you are surrendering your cat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping the cat? \_\_\_\_\_

**Your Cat's Health**

When was the last time your cat was taken to a Veterinarian?  3 mos.  6 mos.  Last Year  Other \_\_\_\_\_

Current Veterinarian \_\_\_\_\_ Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Cared for Since \_\_\_\_\_

How does your cat react to going to the vet? \_\_\_\_\_

Has your cat been vaccinated in the last year?  No  Yes Date of last vaccination \_\_\_\_\_

Are you aware of any other health issues your cat has?  No  Yes ➔ If yes, please explain: \_\_\_\_\_

**\*Please attach all medical records to this questionnaire.**

**Your Cat's Personality and Behaviors**

Describe your cat's temperament & activity level (check all that apply):  Zippy, High Energy, Kitten Like

- Mellow & Easy Going  A Lap Cat  Very Affectionate  Responsive  Independent  Talkative  Quiet  
 Destructive  Other \_\_\_\_\_

How does your cat react to riding in the car?  Calm  Cries  Gets sick  Afraid  Anxious

Does your cat like to be held or carried?  Yes  No ➔ If no, please explain: \_\_\_\_\_

Does your cat use a scratching post?  Did not provide  No  Yes ➔ If yes, what type? \_\_\_\_\_

Does your cat enjoy playing with toys?  No  Yes ➔ If yes, what type? \_\_\_\_\_

Can you pet your cat while he/she's playing?  Yes  No ➔ If no, please explain: \_\_\_\_\_

### **Litter Box Habits**

Does your cat have access to a litter box in the house?  Yes  No If no, please explain: \_\_\_\_\_

Is the litter box:  Covered  Uncovered

Where is the litter box located in the house? \_\_\_\_\_

What type(s) of litter was used?

- Unscented  Scented  Clumping  Non-Clumping  Crystals  Clay  Pine  
 Newspaper  Other \_\_\_\_\_

How often was the litter box scooped?  Every day  Every few days  Weekly  Rarely

If other cats, how many shared a litter box?  One  Two or more  Many cats shared

- Multiple boxes for multiple cats  Other

Are litter box accidents an issue?  Yes  No If yes, when did they begin? \_\_\_\_\_

Please describe the accidents:

- Urinates outside the box  Defecates outside the box  Corner of room  Laundry basket  
 Sprays on walls/furniture  Bed  Couch  Rug  Other \_\_\_\_\_

How have you dealt with the accidents?  Confinement  Kept outside  Punishment  Vet visit  Other  
\_\_\_\_\_

Has your cat been to the veterinarian to rule out infection or underlying health issues?  Yes  No

If yes, what was the diagnosis? \_\_\_\_\_

When was the visit? \_\_\_\_\_

### **Experience with other animals**

Has your cat lived with other cats?  Yes  No If yes, how did they interact? (check all that apply)

Adored each other  Played together  Slept together  Ignored each other  Rough with each other

Fought with injuries – who injured who? \_\_\_\_\_  Fought without injuries  Gentle with each other

Peacefully coexisted  Other \_\_\_\_\_

Has your cat lived with dogs?  Yes  No If yes, how did they interact? (check all that apply)

Adored each other  Played together  Slept together  Ignored each other  Cat feared dog

Fought with injuries – who injured who? \_\_\_\_\_  Fought without injuries

Peacefully coexisted  Dog chased cat  Cat tormented dog  Other  
\_\_\_\_\_

Do you have other pets in your household?  No  Yes

➔ If yes, what kind?  Rabbits  Bird  Other \_\_\_\_\_

How do they get along? \_\_\_\_\_

### **Your Cat's Experiences With Children**

Has your cat regularly been around children?  Yes  No

If not, do children visit regularly?  Yes  No If yes, how do they react to children visiting?

Cat actively avoided child  Child could pet cat  Mutual adoration  Ignored each other

Cat & child played together  Cat hissed or growled at child  Other \_\_\_\_\_

If yes, indicate what ages:  0-2 years  3-5 years  6-10 years  11-18 years

If your cat lived with children under the age of 5, how did they interact? (check all that apply)

Cat actively avoided child  Child could pet cat  Mutual adoration  Ignored each other

Cat & child played together  Cat hissed or growled at child  Other \_\_\_\_\_

If your cat lived with children over the age of 5, how did they interact? (check all that apply)

Cat actively avoided child  Child could pet cat  Mutual adoration  Ignored each other

Cat & child played together  Cat hissed or growled at child  Other \_\_\_\_\_

Would you recommend this cat be placed with children?  Yes  No If yes, what ages? \_\_\_\_\_

### **Home Life**

How would you describe your household?  Quiet  Active  Average  Noisy

What ages of people is your cat used to living with?  Adult Men  Adult Women  Seniors  Children

What areas of your home does your cat have access to? (check all that apply)

Indoors only  Outdoors only  Indoors at night  Garage or basement  Indoors in cold weather

In barn or shed  Screened porch  Outdoors in warm weather  Indoors w/ access to outside

Other \_\_\_\_\_

Where does your cat spend most of his/her time when you are home? (check all that apply)

Indoors unconfined  Outdoors  Bedroom  Kitchen  Living room  Garage or basement

At the window  Barn or shed  Where people are  Other \_\_\_\_\_

Where do you leave your cat when you are gone?

Indoors unconfined  Outdoors  Bedroom  Kitchen  Living room  Garage or basement

At the window  Barn or shed  Other \_\_\_\_\_

How does your cat react to being left alone?  Doesn't Mind  Cries/Meows  Scratches Furniture  House soils

Knocks things down  Other \_\_\_\_\_

Do you trust your cat unsupervised indoors?  Yes  No ➔ If no, please explain: \_\_\_\_\_

Do you trust your cat unsupervised outdoors?  Yes  No ➔ If no, please explain: \_\_\_\_\_

How does this cat react to visitors?  Very social  Hides  Ignores them  Attacks  Other \_\_\_\_\_

Does your cat do any of the following? (check all that apply)

Jump on counters  Scratch furniture  Chew plants  Scratches doors/cabinets

Chew personal items  Climb curtains  Other (please explain) \_\_\_\_\_

Is there anything else we should know about this cat? \_\_\_\_\_

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If more room is needed, please use back of this page.

I authorize the transfer of my animal's information (as listed above) to a new owner in the event that this animal is placed up for adoption. The information on this form is to the best of my knowledge accurate and complete.

Print name \_\_\_\_\_

Phone number \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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## Office use only

Approved

Declined  Reason: \_\_\_\_\_

Willing to treat medically first  Plan: \_\_\_\_\_