



Animal Code # _____

Cat Owner Questionnaire

Undesirable behaviors and medical issues do not necessarily create problems in placement, however, not disclosing those problems definitely does. Dishonest or incomplete responses can undermine the safety and happiness of both your cat and the new adopting family. If there are any questions that are unclear or that you are uncomfortable responding to for any reason, please ask to speak directly to one of our helpful staff members about the issue.

Has your cat bitten anyone or any animal in the last ten (10) days? Yes No
Has your cat ever bitten anyone or another animal and drawn blood? Yes No
If yes to either question, **stop** and inform staff.

General Information

Shelter Arrival Date: _____

Cat's Name: _____ Cat's age or approximate age: _____

Cat's Sex: Male Female Unsure

Is cat spayed/neutered? Yes No Unsure

What kind of I.D. does your cat have?

Microchip Tattoo (If so, where is it located) _____

Is the cat declawed? Front All Not declawed

If declawed, when was it done? As a kitten As an adult

History

Why are you surrendering your cat? _____

If surrender reason is behavioral, please explain: _____

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

How long have you owned your cat? _____

Including yours, how many homes has this cat had? _____

Where did you acquire this cat? From BFHS Another shelter Breeder
 Found as a stray Newspaper Ad Friend/relative Pet Store
 Born in my home Other _____

Medical History

Did the cat see a veterinarian at least once per year? Yes No Not sure

If so, which clinic? _____

Is the cat current on vaccinations? Yes No Not sure

Has this cat ever had surgery? Yes No Not sure

If yes, please explain: _____

Has the cat been diagnosed with and/or treated for any of the following: *(check all that apply)*

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Upper Respiratory Infection | <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Organ failure | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Urinary Tract Infection | <input type="checkbox"/> Other (please explain) _____ | | |
-

Personality

How would you describe your cat most of the time? *(check all that apply)*

- | | | | |
|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Very active | <input type="checkbox"/> A clown | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Shy to family | <input type="checkbox"/> Talkative | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Quiet | <input type="checkbox"/> Lap cat | <input type="checkbox"/> Curious |
| <input type="checkbox"/> More like a dog | <input type="checkbox"/> Fearful | <input type="checkbox"/> Fearless | <input type="checkbox"/> Solitary |

Play Style

How does your cat like to play? *(check all that apply)*

- Plays gently, does not usually use teeth or claws
 - Likes to play rough, may bite or scratch
 - Likes to chase & pounce with variety of toys
 - Likes things that crackle, such as paper bags
 - Likes to play hide & seek
 - Will fetch items like bottle caps or toys
 - Chases bugs or moths
 - Likes to play in or around water
 - Likes to learn tricks for treats
 - Likes to play with other cats
 - Likes to play with dogs
 - Not interested in play
 - Other _____
-

Lifestyle & Home Life

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Outdoors only | <input type="checkbox"/> Indoors at night | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> Indoors in cold weather | <input type="checkbox"/> In barn or shed | <input type="checkbox"/> Screened porch | |
| <input type="checkbox"/> Outdoors in warm weather | <input type="checkbox"/> Indoors with access to outside | <input type="checkbox"/> Other _____ | |

Where did your cat spend most of his or her time? *(check all that apply)*

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living room | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> At the window | <input type="checkbox"/> Outdoors only | <input type="checkbox"/> Barn or shed | <input type="checkbox"/> Where people are |
| <input type="checkbox"/> Other _____ | | | |

If this cat has lived with other cats, how did they interact? *(check all that apply)*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Rough with others | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Gentle with others | <input type="checkbox"/> Caused this cat stress | |
| <input type="checkbox"/> Peacefully coexisted | | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

If this cat has lived with dogs, how did they interact? *(check all that apply)*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Cat feared dog | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Dog chased cat | <input type="checkbox"/> Caused this cat stress | |
| <input type="checkbox"/> Cat rubbed on dog | <input type="checkbox"/> Cat tormented dog | <input type="checkbox"/> Avoided each other | |
| <input type="checkbox"/> Peacefully coexisted | | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Has the cat regularly been around children?

- Yes No Unsure

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

If this cat lived with children under the age of 7, how did they interact? *(check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Cat actively avoided child | <input type="checkbox"/> Child could pet cat | <input type="checkbox"/> Mutual adoration |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Cat & child played together | |
| <input type="checkbox"/> Cat hissed or growled at child | | |
| <input type="checkbox"/> Other _____ | | |

Have the experiences with the cat and child(ren) always been positive?

- Yes No

If no, please explain: _____

Is this cat more comfortable with:

- | | | |
|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Women | <input type="checkbox"/> Men | <input type="checkbox"/> Kids |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> Seniors | <input type="checkbox"/> Loves all people |

How would you describe the ideal home for your cat? _____

Please tell us some things you truly love about this cat? _____

Are there any quirks or habits you are not fond of in your cat? _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Jump on counters | <input type="checkbox"/> Scratch furniture | <input type="checkbox"/> Chew Plants |
| <input type="checkbox"/> Scratches doors/cabinets | <input type="checkbox"/> Chew personal items | <input type="checkbox"/> Climb curtains |
| <input type="checkbox"/> Other _____ | | |

How did you attempt to correct this problem? _____

Dietary Habits

What is the cat's favorite brand of food? _____

Which does your cat eat? Dry only Canned only Combination of dry & canned
 People food _____

What type of treats does your cat enjoy? _____

How often is your cat fed? Food always available Designated mealtimes

Litter box Habits

We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavior issues involved.

Does your cat have access to a litter box in the house? Yes No
If no, did your cat use the bathroom outdoors? Yes No

If sometimes, how often does the cat make mistakes? _____

Is the litter box: Covered Uncovered

Where is the litter box(s) located in the house? _____

Please describe the accidents:

Urinates outside the box Urinates on clothing/furniture
 Defecates outside the box Sprays on walls/furniture
 All of the above Other _____

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

What type(s) of litter was used? Unscented Scented Clumping
 Non-Clumping Crystals Clay Pine Yesterday's News
 Other _____

Are there other animals in your home?

No Other cats Dogs Birds Rodents

If other cats, how many shared a litter box?

One Two or more Many cats shared Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin?

Past month Past year Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use? _____

Please describe the measures you have taken to correct this problem. _____

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

Pet Profile

Please take the time to fill out this form so we are able to update the animal's profile with more personal information!

I enjoy: (circle)

Agility	Being home alone	Car rides	Climbing	Digging	Fetch	Hiding
Quiet time	Running	Toys	Tug	Unknown	Walk	Water

I'm afraid of:

Being left alone	Cars on the street	Children	Loud noises/thunder	Men	Riding in cars	Uniforms
Unknown	Water	Women				

People describe me as:

Lap loving	Social butterfly	Mellow	Curious	Active	Playful	Loner
------------	------------------	--------	---------	--------	---------	-------

Activity Level:

Low	Moderate	High
-----	----------	------

Vocalization Level:

Low	Moderate	High
-----	----------	------

Off Leash:

Unknown	Completely Reliable	Somewhat Reliable	Not at all Reliable	Not applicable
---------	---------------------	-------------------	---------------------	----------------

Training History:

Unknown	None	Minimal	Some	Fully	Extensive
---------	------	---------	------	-------	-----------

Specific Known Commands: