



Cat Owner Questionnaire

No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about history, past veterinary care, likes, dislikes, and quirks of your feline friend. ***Being honest about behavioral and health issues will help us find your cat the right new home – and will NOT affect our decision to accept your cat for intake!***

63 Elm St. (Route 110)
Salisbury, MA 01952
978-462-0760
Fax 978-463-6826
www.mfrs.org

Has your cat bitten in the last ten (10) days? _____

General Information

Your Name: _____

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

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?
 Found as a stray Born in my home
 From MRFRS Newspaper Ad Other _____
 Another shelter Friend/relative Pet Store Breeder

Medical History

Has the cat ever seen a veterinarian? Yes No Not sure

If so, which clinic(s)? _____

Did the cat see a vet on a regular basis? Yes No Not sure

Is the cat current on vaccinations (FVRCP, rabies)? 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) _____ | | |
-

Is the cat currently on any medications or special foods? Yes No Not sure

If yes, 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"/> Playful |
| <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)*

- 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 with access to outside Other _____

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

- Bedroom Kitchen Living room Garage or basement
 At the window Outdoors only Barn or shed Wherever people are

 Other _____

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

- Adored each other Played together Sniffed noses Groomed each other
 Slept near each other Ignored each other Rough with others Fought with injuries
 Fought without injuries Gentle with others Caused this cat stress
 Peacefully coexisted Other (please explain) _____

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

- Adored each other Played together Sniffed noses Groomed each other
 Slept near each other Ignored each other Cat feared dog Fought with injuries
 Fought without injuries Dog chased cat Caused this cat stress
 Cat rubbed on dog Cat tormented dog Avoided each other
 Peacefully coexisted 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

If this cat lived with children under the age of 7, 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 _____

Have the experiences with the cat and child(ren) always been positive? Yes No

If no, please explain: _____

Is this cat more comfortable with:

- Women Men Kids
 Teenagers Seniors 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 or special food 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

Is the litter box: Covered Uncovered

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

- Does your cat have litter box accidents? Yes No/Never Sometimes

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

Please describe the accidents:

- | | |
|--|---|
| <input type="checkbox"/> Urinates outside the box | <input type="checkbox"/> Urinates on clothing/furniture |
| <input type="checkbox"/> Defecates outside the box | <input type="checkbox"/> Sprays on walls/furniture |
| <input type="checkbox"/> All of the above | <input type="checkbox"/> 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 (how many? _____) Dogs Birds Rodents

If other cats, how many litter boxes do you have?

One Two Three Other: _____

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

If yes, what was the outcome? _____

Please tell us any additional comments about your cat. _____
