Completing the information below will help us get to know your cat better

Reason for surrendering this cat: __________________________________________

How long have you had this cat? __________________________ Where did you get this cat? __________________________________________

Did you get your pet from a Rescue or Animal Shelter? If so please list name here: __________________________________________

What Veterinarian(s) have you used? __________________________ May we contact your Veterinarian(s) Yes No

Cat is: Litter trained ______ Litter trained occasionally has accidents _____ Sprays in the house _____

What type of litter did you use? __________________________________________

This cat lives: Exclusively indoors______ Indoor/Outdoor ______ Exclusively outdoors______

Where does cat sleep at night? __________________________________________

Is this cat declawed? ____________ The cat’s favorite toys and activities are: __________________________________________

This cat has lived in the same household with (check all that applies): Other cats ______ Dogs ______ Birds ______ Others ______

Children ______ Ages ______ Other pets ______ What kind? __________________________________________

How did this cat get along with all the above? __________________________________________

This cat is compatible with: Other cats ______ Dogs ______ Children ______ Other___________

Circle as many of the following that describe the cat’s behavior and habits:

Lap Cat Likes being groomed Playful Likes being held Outgoing/friendly Walks on leash Calm/sedate

Independent Shy of strangers Feisty and active Meows a lot Uses Scratching Post Scratches furniture

Fights w/cats Claws/bites playfully Hunts rodent/birds Independent

Has this cat ever Snapped______ or Bitten______ When/why? __________________________________________

The cat’s diet is: Wet ______ Semi-wet ______ Dry food ______ Brand of food given __________________________________________

The cat’s feeding time is A.M. ______ P.M. ______ or throughout the day ______

Does this cat have any medical conditions that you are aware of? If yes, please list: __________________________________________

Please list any medications he/she is currently taking: __________________________________________

Is there anything else we should know about this cat? __________________________________________

G:CSR/Forms/ Surrender Owner Cat Questionnaire