Cat Intake Questionnaire

Date: _____________

Has this cat bitten anyone or any animal in the past 10 days?
☐ No    ☐ Yes  If yes, please stop and inform the staff.

General Information

Cat’s Name: ______________________  Age or approximate age: _____________

Sex: ☐ Male ☐ Female ☐ Unsure  Spayed/Neutered? ☐ Yes ☐ No ☐ Unsure


Declawed? ☐ Front ☐ All ☐ Not declawed  If declawed, when done? ☐ As kitten ☐ As adult

History

Why surrendering? ____________________________________________________________

What efforts have you taken to re-home your pet? __________________________________

How long have you owned this cat? _____________________________________________

Where did you acquire this cat?
☐ From HSTC  ☐ Rescue Group  ☐ Breeder  ☐ Found as a stray  ☐ Ad (paper, Craigslist, etc)
☐ 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

Any known medical problems? ____________________________________________________

Any past surgeries? _____________________________________________________________

Personality

How would you describe your cat most of the time? (Check all that apply)
☐ Friendly to family  ☐ Friendly to visitors  ☐ Shy to visitors  ☐ Very active  ☐ Fun/Playful  ☐ Talkative
☐ Lazy/Couch potato ☐ Affectionate ☐ Lap cat ☐ Independent ☐ Solitary ☐ Quiet ☐ Withdrawn
☐ Bold/Fearless ☐ Fearful

Dietary Habits

What is the cat’s favorite brand of food? _________________________________

Which does your cat eat?
☐ Dry only  ☐ Canned only  ☐ Combination of dry & canned  ☐ Semi-Moist  ☐ People food

What type of treats does your cat enjoy? _________________________________________

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

Lifestyle & Home Life

What areas of your home did the cat have access to? (Check all that apply)
☐ Indoors ☐ Outdoors ☐ Indoors with access to outside ☐ Indoors at night
☐ Indoors in cold weather ☐ Garage or basement ☐ In barn or shed  ☐ Screened porch
☐ 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
☐ Where people are  ☐ Other ______________________________________________________________________

Rev 10-01-20
Has this cat has lived with other cats? □ Yes □ No
Did they get along? _____________________________________________________________

Has this cat has lived with dogs? □ Yes □ No
Did they get along? _____________________________________________________________

Has this cat been around children? □ Yes □ No □ Unsure. Ages: __________
Personality with children: __________________________________________________________
Describe the ideal home for your cat? _______________________________________________

**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 □ Sometimes
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 any litter box 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 □ Newspaper □ Other: ___________________________

Are there other animals in your home? □ No □ Other cats □ Dogs □ Birds □ Rodents
If other cats are in the home, 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

Please tell us any additional comments about your feline friend.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________