



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

Any I.D.? Microchip? Number: _____ Tattoo? Location: _____

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 Lazy/Couch potato Affectionate Lap cat Independent Solitary Quiet Withdrawn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 _____

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.
