



Cat Purrsonality Questionnaire

Your cat is unable to tell us what we need to know to place him/her in the best home possible. We need you to help him/her by giving detailed and honest answers.

Has your cat bitten anyone in the last ten days? Yes No If yes, did the bite break skin? Yes No

Has your cat ever bitten anyone? Yes No What were the circumstances? _____

If YES to either of the above questions, please inform staff immediately.

General Information

Cat's Name _____ Description _____ Age _____

How long have you had this cat? _____

Where did you obtain this cat? _____

Does your cat have a microchip or tattoo? (Circle one) Yes No Location of tattoo: _____

Is your cat: Female Male Is cat spayed or neutered? Yes No

Is the cat declawed? Front All Not declawed

Why are you surrendering your cat to WHS? (Circle all that apply)

Behavioral problems Time commitment Family/housing issues Health issues (yours or cat's) Other

Please explain in your own words why you are surrendering your cat: _____

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

Your Cat's Health

When was the last time your cat was taken to a Veterinarian? 3 mos. 6 mos. Last Year Other _____

Current Veterinarian _____ Clinic _____ Phone # _____

City _____ State _____ Cared for Since _____

How does your cat react to going to the vet? _____

Has your cat been vaccinated in the last year? No Yes Date of last vaccination _____

Are you aware of any other health issues your cat has? No Yes ➔ If yes, please explain: _____

***Please attach all medical records to this questionnaire.**

Your Cat's Personality and Behaviors

Describe your cat's temperament & activity level (check all that apply): Zippy, High Energy, Kitten Like

Mellow & Easy Going A Lap Cat Very Affectionate Responsive Independent Talkative Quiet
 Destructive Other _____

How does your cat react to riding in the car? Calm Cries Gets sick Afraid Anxious

Does your cat like to be held or carried? Yes No ➔ If no, please explain: _____

Does your cat use a scratching post? Did not provide No Yes ➔ If yes, what type? _____

Does your cat enjoy playing with toys? No Yes ➔ If yes, what type? _____

Can you pet your cat while he/she's playing? Yes No ➔ If no, please explain: _____

Litter Box Habits

Does your cat have access to a litter box in the house? Yes No If no, please explain: _____

Is the litter box: Covered Uncovered

Where is the litter box located in the house? _____

What type(s) of litter was used?

- Unscented Scented Clumping Non-Clumping Crystals Clay Pine
 Newspaper Other _____

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

If other cats, how many shared a litter box? One Two or more Many cats shared

- Multiple boxes for multiple cats Other _____

Are litter box accidents an issue? Yes No If yes, when did they begin? _____

Please describe the accidents:

- Urinates outside the box Defecates outside the box Corner of room Laundry basket
 Sprays on walls/furniture Bed Couch Rug Other _____

How have you dealt with the accidents? Confinement Kept outside Punishment

- Vet visit Other _____

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

If yes, what was the diagnosis? _____

When was the visit? _____

Experience with other animals

Has your cat lived with other cats? Yes No If yes, how did they interact? (check all that apply)

- Adored each other Played together Slept together Ignored each other Rough with each other
 Fought with injuries – who injured who? _____ Fought without injuries Gentle with each other
 Peacefully coexisted Other _____

Has your cat lived with dogs? Yes No If yes, how did they interact? (check all that apply)

- Adored each other Played together Slept together Ignored each other Cat feared dog
 Fought with injuries – who injured who? _____ Fought without injuries
 Peacefully coexisted Dog chased cat Cat tormented dog Other _____

Do you have other pets in your household? No Yes

➡ If yes, what kind? Rabbits Bird Other _____

How do they get along? _____

Your Cat's Experiences With Children

Has your cat regularly been around children? Yes No

If not, do children visit regularly? Yes No If yes, how do they react to children visiting?

- Cat actively avoided child Child could pet cat Mutual adoration Ignored each other
 Cat & child played together Cat hissed or growled at child Other _____

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

If your cat lived with children under the age of 5, 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 _____

If your cat lived with children over the age of 5, 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 _____

Would you recommend this cat be placed with children? Yes No If yes, what ages? _____

Home Life

How would you describe your household? Quiet Active Average Noisy

What ages of people is your cat used to living with? Adult Men Adult Women Seniors Children

What areas of your home does your 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 w/ access to outside
 Other _____

Where does your cat spend most of his/her time when you are home? (check all that apply)

- Indoors unconfined Outdoors Bedroom Kitchen Living room Garage or basement
 At the window Barn or shed Where people are Other _____

Where do you leave your cat when you are gone?

- Indoors unconfined Outdoors Bedroom Kitchen Living room Garage or basement
 At the window Barn or shed Other _____

How does your cat react to being left alone? Doesn't Mind Cries/Meows Scratches Furniture House soils

- Knocks things down Other _____

Do you trust your cat unsupervised indoors? Yes No ➔ If no, please explain: _____

Do you trust your cat unsupervised outdoors? Yes No ➔ If no, please explain: _____

How does this cat react to visitors? Very social Hides Ignores them Attacks Other _____

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

- Jump on counters Scratch furniture Chew plants Scratches doors/cabinets
 Chew personal items Climb curtains Other (please explain) _____

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

If more room is needed, please use back of this page.

I authorize the transfer of my animal's information (as listed above) to a new owner in the event that this animal is placed up for adoption. The information on this form is to the best of my knowledge accurate and complete.

Initials _____

Date _____