

# Cat Guardian Questionnaire



Please tell us about your cat, giving as much detail as possible. **Please complete BOTH sides of this form.**

Cat's Name:		Date:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:
Spayed or neutered? <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes If yes, where was surgery done?		
How long has your cat lived with you?	Where did you get your cat?	
Why are you surrendering this cat?		
Has your cat had other guardians? <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes If yes, how many?		

Who is your veterinarian? \_\_\_\_\_ City where located \_\_\_\_\_

Describe any prior or current medical issues with your cat: \_\_\_\_\_

\_\_\_\_\_

Is your cat on any special medications, special diet, or does your cat have any special medical needs? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What do you feed your cat? \_\_\_\_\_ How often?  Once a day  Twice a Day  Free feed

What other pets has your cat lived with? \_\_\_\_\_

Please describe any conflicts or issues with these pets. \_\_\_\_\_

How does your cat react to dogs visiting your home? \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children under 18 in household: \_\_\_\_\_ Ages: \_\_\_\_\_

Please describe your cat's comfort level around children under 10:  Loves kids of all ages  Hides  
 Comfortable with my kids; less so with others  Not comfortable around young children  Don't know

How would you describe the energy in your household?  Calm & quiet  Moderately active  Very busy

How many hours is your cat routinely left alone without family members at home? \_\_\_\_\_

How does your cat react to loud noises?  Doesn't react  Startles, but okay  Hides – How long? \_\_\_\_\_

How does your cat react to strangers in your home?  Approaches  Shy at first  Hides – How long? \_\_\_\_\_

Is your cat declawed?  No  Yes If yes, why? \_\_\_\_\_

Where does your cat spend most of its time?  Indoors only  In/out at will  Mostly outside  Garage  
 Always outside Other \_\_\_\_\_ If your cat goes outside, is it confined inside at night? \_\_\_\_\_

Does your cat use a scratching post?  No  Yes If yes, what type?  Carpet  Sisal/Rope  
 Cardboard Other \_\_\_\_\_ Does your cat use its claws on furniture or drapes? \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE OF QUESTIONNAIRE → → → →**

Please check any of the following behaviors that might apply to your cat:

<input type="checkbox"/> Biting or scratching during nail trims	<input type="checkbox"/> Attacking other cats in the household
<input type="checkbox"/> Biting or scratching during brushing/combing	<input type="checkbox"/> Attacking or fighting other cats in the neighborhood
<input type="checkbox"/> Biting or scratching at other times (describe below)	<input type="checkbox"/> Attacking children
<input type="checkbox"/> Door darting/obsessing about going outside	<input type="checkbox"/> Attacking dogs
<input type="checkbox"/> Chasing/attacking feet or hands	<input type="checkbox"/> Other: _____

Please provide more detail regarding the above behaviors: \_\_\_\_\_

\_\_\_\_\_ May we contact you about these issues? \_\_\_\_\_

Have you sought advice about these issues? \_\_\_\_\_ If yes, from whom? \_\_\_\_\_

Do you provide your cat with a litter box?  No  Yes If yes, please answer the following questions.

How many litter boxes are provided for your cat? \_\_\_\_\_ How many *other* cats share the box(es)? \_\_\_\_\_

Where do you keep the litter box? \_\_\_\_\_

What type of litter do you use?  Clay  Clumping  Crystals  Wheat  Scented Other \_\_\_\_\_

Do you keep a cover on the litter box? \_\_\_\_\_ Approximate size of litter box: \_\_\_\_\_

How often do you scoop the litter box?  Once a day  Twice a day  As needed Other \_\_\_\_\_

How often do you completely empty and refill the litter box? \_\_\_\_\_

Does your cat ever urinate outside the box within your home?  No  Yes If yes, please describe: \_\_\_\_\_

Does your cat ever defecate outside the box within your home?  No  Yes If yes, please describe: \_\_\_\_\_

Does your cat spray inside the home?  No  Yes If yes, where: \_\_\_\_\_

How often do you brush or comb your cat? \_\_\_\_\_

How often do you trim your cat's toenails? \_\_\_\_\_

My cat is: Calm & quiet Energetic Playful Shy Affectionate Social & friendly

Independent Confident Slow to adjust Vocal Lap cat Other \_\_\_\_\_

Other information you'd like to share: \_\_\_\_\_

Are you surrendering this animal for safety reasons? Yes\_\_\_\_\_ No\_\_\_\_\_

Please describe \_\_\_\_\_