

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 _____
