



Date: \_\_\_\_\_

Admission #: \_\_\_\_\_

# Cat Background Questionnaire

Complete this form which will provide valuable information to assist us in caring for your cat. Please answer honestly and with as much detail as possible. Circle the appropriate answers.

Owner's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Cat's name: \_\_\_\_\_ Cat's age: \_\_\_\_\_ Microchip: \_\_\_\_\_

Sex: Male or Female

Spayed/Neutered: Yes or No

Declawed: Yes or No

## General

### Where did you get your cat?

Hawaiian Humane Society    pet store    found    breeder    newspaper  
Other shelter    friend/relative    internet    other \_\_\_\_\_

How long have cared for this cat? \_\_\_\_\_

### Why are you surrendering your cat?

cat has behavior problems    cat has health problems    living situation    new baby  
other \_\_\_\_\_

Has your cat lived with children? Yes or No    If yes, what ages were the children? \_\_\_\_\_

### If no, what does your cat do when he/she sees children?

plays    ignores    has never seen children    hides  
swats    scratches    hisses    other \_\_\_\_\_

What other animals has your cat lived with?    dog    cat    other \_\_\_\_\_

Where does your cat spend his/her time?    inside only    outside only    both

### What does your cat do when he/she goes outside?

stays close by    wanders off    fights with other cats  
has never been outside    other \_\_\_\_\_

What type of litter box do you use?    covered    uncovered    other \_\_\_\_\_

How many boxes do you have? \_\_\_\_\_    Where are they located? \_\_\_\_\_

What type of litter do you use?    clay    clumping    other \_\_\_\_\_

If your cat eliminates outside of the box, where does he/she go? \_\_\_\_\_

How long has your cat been eliminating outside of the box? \_\_\_\_\_

## Medical

Who is your veterinarian? \_\_\_\_\_

Does your cat have any medical problems? If yes, please explain.

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Behavior and Training

**Which of the following describes your cat's personality?**

friendly shy independent fearful  
playful aggressive confident other \_\_\_\_\_

**How does your cat interact with other cats?**

playful tolerant avoids aggressive  
fearful has not met other cats other \_\_\_\_\_

**How does your cat interact around dogs?**

playful tolerant avoids aggressive  
fearful has not met any dogs other \_\_\_\_\_

**What are your cat's favorite toys and games?**

chasing balls teaser toys soft toys (mice) scratching posts cat nip  
prefers to be left alone other \_\_\_\_\_

**How does your cat react to each of the following:**

Being picked up	allows bites	tolerates don't know	tries to get away scratches other _____
Nail trimming	allows bites	tolerates don't know	tries to get away scratches other _____
Brushing	allows bites	tolerates don't know	tries to get away scratches other _____
Carrying	allows bites	tolerates don't know	tries to get away scratches other _____
Ear cleaning	allows bites	tolerates don't know	tries to get away scratches other _____
Hugging	allows bites	tolerates don't know	tries to get away scratches other _____
Petting	allows bites	tolerates don't know	tries to get away scratches other _____

**Has your cat ever hissed at you or anyone else?** Yes No

**Has your cat ever swatted at you or anyone else?** Yes No

**Has your cat ever scratched at you or anyone else?** Yes No

**Has your cat ever bitten you or anyone else?** Yes No

If yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please tell us anything else that you think is important. Please use as much paper as necessary.  
\_\_\_\_\_  
\_\_\_\_\_