



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

If YES to the above question, please inform staff immediately.

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

Cat's Name _____ Breed _____ Age _____

Cat's sex: Female Male Is cat spayed or neutered? Yes No

What kind of I.D. does your cat have? Microchip # _____

Tattoo (If so, where is it located?) _____

Is the cat declawed? Front All Not declawed

Why are you surrendering your cat? _____

Where did you acquire this cat?

From WHS Another shelter – which? _____ Breeder Pet Store

Newspaper ad Friend/Relative Found as stray Born in my home

Other _____

How long has this cat been with you? _____

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 _____ Phone # _____ Clinic _____

City _____ State _____

How does your cat act at the veterinarian? _____

Has your cat been vaccinated in the last year? No Yes

Does your cat have a current rabies vaccination? No Yes ➔ If yes, when does it expire? _____

Has your cat been tested for FIV & FeLV? No Yes ➔ If yes, test results: Negative Positive

Date of test: _____

Has your cat been diagnosed with and/or treated for any of the following: (check all that apply)

Upper respiratory infection Allergies Heart murmur Tumors Epilepsy or seizures

Organ failure Thyroid disease Diabetes Urinary tract infection Other _____

When was your cat treated or diagnosed? _____

Has your cat ever had surgery? Yes No If yes, please explain? _____

When was the surgery? _____

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

Is your cat currently taking any medication? No Yes ➔ If yes, please explain: _____

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

Dietary Habits

What is your cat's favorite brand of food? _____

Which does your cat eat?

Dry only Canned only Combination of dry and canned People food _____

What type of treats does your cat enjoy? _____

How often is your cat fed? Food always available Once daily Twice daily Other _____

Are there any foods or treats your cat should NOT have? _____

Home Life

How would you describe your household? Quiet Active Average Noisy

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: _____

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 Slept with each other
 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? _____

Are there any types of people your cat is afraid of? No Yes ➡ If Yes, 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) _____

Your Cat's Experiences With Children

Has your cat regularly been around children? Yes No Unsure

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 _____

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

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

Your Cat's Personality and Behaviors

Has your cat ever injured or killed another animal? No Yes If yes, please explain: _____

Is your cat frightened by anything? No Yes ➡ If yes, please explain: _____

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

➡ If negative reaction, please explain: _____

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

How does your cat react to bathing and/or brushing? Enjoys Tolerates Dislikes Never tried

Have you ever trimmed your cat's nails? Yes No If yes, how did your cat react? _____

Is there any body part that your cat does not like handled? Yes No If yes, please explain: _____

Does your cat use a scratching post? 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: _____

