The following questionnaire provides us with important information that may assist us in finding your cat a new home. Your open and honest answers are necessary so that we can find the best possible solution for your pet.

1. 

<table>
<thead>
<tr>
<th>Pet Name</th>
<th>Sex</th>
<th>Spayed/Neutered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breed</td>
<td>Color</td>
<td>Age</td>
</tr>
<tr>
<td>How long have you owned the cat?</td>
<td>Is the cat declawed?</td>
<td></td>
</tr>
<tr>
<td>□ No □ Front Paws Only □ All Four Paws</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Why are you surrendering this pet? ____________________________________________________________

3. If the reason for surrender is due to behavioral problems, please explain and explain any corrective actions you have taken to correct the issue. ____________________________________________________________

4. What other animals did this pet live with? ____________________________________________________________

5. What best describes your cat’s personality? (Check all that apply)
   □ Lap Cat □ Independent □ Fun □ Quiet □ Active □ Fearless □ Aggressive □ Timid
   □ Friendly □ Withdrawn □ Easy going □ Fearful □ Playful □ Good with kids
   □ Good with cats □ Good with other dogs

6. 

<table>
<thead>
<tr>
<th>Including yourself, how many people of the following ages live in the home with the cat?</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-12 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-18 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Where does your cat spend most of his/her time? (Check all that apply)
   □ Inside only □ Outside only □ Indoor/Outdoor □ Inside the house, runs free
   □ Inside the house, in cage □ Outside the house, runs free □ Other: _________________________________

8. What toys does your cat like?
   □ Paper Bags □ Crinkle toys □ Bottle Caps □ Milk Jug Rings □ Cat Nip Toys □ None
   □ Other: ____________________________________________

9. Is your cat allowed on the furniture? □ Yes □ No

10. Does your cat have potty accidents in the house?
    □ No □ Yes, How Frequently? ___________________________

11. Do you know what may be causing the misbehavior? ________________________________________________
12. What steps have you taken to correct the problem? __________________________________________________________

13. Has the cat been to a veterinarian to rule out any underlying medical issue that may cause the misbehavior? □ No □ Yes,

14. What brand and type of cat litter do you use? Brand: ______________________________________________________
   □ Scented □ Unscented □ Clumping □ Clay □ Crystals □ Pine □ Other __________________________

15. Where do you keep the litter box(es)? _________________________________________________________________

16. How many litter boxes do you have for this cat? __________________________________________________________

17. How often do you scoop/clean the litter box(es)? __________________________________________________________

18. Is the litter box covered or uncovered? □ Covered □ Uncovered

19. | How does your cat usually behave toward the following? | Never Encounter | Friendly | Afraid | Bites | Hides |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dogs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Cats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. How long is your cat left alone daily? □ Rarely □ 1-3 hours □ 4-8 hours □ 9-12 hours □ Over 12 hours

21. Where does your cat stay when home alone? □ Outdoors □ Free in house □ Confined to a room □ In a cage □ Garage □ Outside □ Other: _______

22. When left alone, does your cat usually show any of the following behaviors?
   □ Destroys household items □ Potty accidents □ None □ Other: ________________________________

23. When you are home does your cat usually show any of the following behaviors?
   □ Destroys household items □ Potty accidents □ None □ Other: ________________________________

24. What games does your cat like?
   □ Fetch □ Hide and Seek □ Chase □ Wrestling □ Play in Water □ None □ Other: ____________________

25. Is your cat scared of anything? □ No □ Yes, please list__________________________________________

26. Where does your cat usually sleep overnight?
   a. □ Cage □ Floor □ Cat bed □ Couch □ Owner’s bed □ Other: ____________________________

27. What form of discipline/correction did you use with this cat? _________________________________________

28. Veterinarians’ Name/Clinic _____________________________ Phone: _____________________________

29. Is your cat current on vaccinations? □ No □ Yes

30. Has your cat been tested for Feline Leukemia? □ No □ Yes, Vet: _________________________________

31. Has your cat been tested for Feline Immunodeficiency Virus (FIV)? □ No □ Yes: Vet____________________

32. Has your cat received any flea preventative? □ No □ Yes, Date last given: __________________________

33. Does your cat have any past or present medical conditions? □ No □ Yes
   - Please list: ________________________________________________________________
34. Is your cat currently on any medication or a special diet? □ No □ Yes
   • Please list type and brand of food and/or medications: ________________________________
   ________________________________________________________________

1. What type of food does your cat eat?
   a. □ Dry □ Wet/canned □ Table scraps Please list brand of food fed: __________________

2. When do you feed your cat? □ Morning □ Afternoon □ Evening □ Free Feed (food down all the time)

3. What would you like for adopters to know about this cat? ________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

By signing below, you certify that all information provided in this questionnaire is accurate and truthful to the best of your knowledge.

Owner
____________________________________________________________________________________
Address: ___________________________________________ City, State, Zip Code: _________________
Phone Number: _____________________________ Alternate Phone Number: _______________________
Owner Signature: _____________________________ Date: _____________________________

For Staff Use:

Animal ID#: ______________________ Reviewed By: ___________________ Date: ___________________

Notes: _____________________________