

HUMANE SOCIETY OF PORT JERVIS & DEERPARK



CAT OWNER QUESTIONNAIRE

CASE NUMBER: _____

CAT NAME: _____ AGE: _____ SEX: M F SPAY/NEUTER: Y N

HOUSEBROKEN / LITTERBOX TRAINED? YES NO

DOES YOUR CAT HAVE A VETERINARIAN? YES NO

IF YES, VETERINARIAN NAME: _____

VETERINARIAN LOCATION: _____

WHY ARE YOU GIVING UP THIS CAT? _____

HOW LONG DID YOU OWN THIS CAT? _____

WHERE DID YOU GET THIS CAT? _____

WHAT DOES THE CAT EAT? _____

CAT'S FAVORITE GAMES / TOYS? _____

PLEASE CHECK ALL THAT APPLY

CAT GETS ALONG WITH: ADULTS CHILDREN DOGS CATS
SMALL ANIMALS STRANGERS

DOES THIS CAT: SCRATCH FURNITURE? BITE? SCRATCH?

BEHAVIOR ISSUES? _____

MEDICAL ISSUES? _____

HAS THIS CAT BITTEN ANYONE IN THE LAST 10 DAYS? YES NO

ADDITIONAL COMMENTS: _____
