

# Getting to Know your Cat: New Client Questionnaire



Welcome! We would like to know more about your cat so we can provide Cat Friendly care. It is helpful for us to gather as much information as we can to understand your cat. Please provide detailed responses and complete a questionnaire for each of your cats. We look forward to meeting your cat!

Date: \_\_\_\_\_ Your name: \_\_\_\_\_ Cat's name: \_\_\_\_\_

Cat's age: \_\_\_\_\_ Age of adoption: \_\_\_\_\_ Sex:  Male  Female Breed: \_\_\_\_\_

Spayed/neutered?  Yes  No Age of spay/neuter: \_\_\_\_\_ Location of spay/neuter: \_\_\_\_\_

## Adoption and the Early Years

### Where was your cat adopted?

- Shelter (Name/location) \_\_\_\_\_  
 Breeder (Name/location) \_\_\_\_\_  
 Stray/feral  Friend/neighbor  Unknown/newly adopted  
 Other (Please elaborate): \_\_\_\_\_

How old was your cat when you adopted them? \_\_\_\_\_

Do you know where your cat spent time as a kitten?  Yes  No

If yes, please check off answers below:

- Family  Small breeder  Large commercial breeder  Farm  
 Stray  Community cat  Feral  Shelter  
 Other (Please elaborate): \_\_\_\_\_

Was your cat adopted at the same time as other cat(s)?  Yes  No

### What is the previous history prior to adopting your cat, if known?

(Check all that apply)

- Was playing with other kittens or cats  
 Was with the mother cat and/or siblings when brought to the shelter  
 Told your cat didn't get along with other cats  In a cage alone  
 Previously surrendered \_\_\_\_\_ times  Had good relationship with humans  Had good relationship with other cats and/or  dogs  
 Other (Please elaborate): \_\_\_\_\_

### Has your cat had any bad experiences in life?

No  I don't know  Yes (Please elaborate): \_\_\_\_\_

## Temperament

Describe your cat's behavior and character (e.g., shy, fearful, outgoing, etc.): \_\_\_\_\_

### How does your cat normally respond to something new or changes in their life?

- Inquisitive  Ignores  Runs away  Hides  Avoids  
 Other (Please elaborate): \_\_\_\_\_

### What is your cat scared of? (Check all that apply)

- Noises  Getting put into the carrier  
 Visitors  Transport (e.g., car rides)  
 Changes in the home  Veterinary visits  
 Another pet or person who lives in the home  Other (Please elaborate): \_\_\_\_\_

## Social Environment – Relationship with Humans

### People within the home:

Number of adults: \_\_\_\_\_ Number/age of children: \_\_\_\_\_

### Relations with people:

- Gets along well with everyone  Doesn't go near certain family member(s): \_\_\_\_\_  
 Fearful of guest(s)

### What types of human attention does your cat like and dislike:

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

### Does your cat initiate contact with you or do you initiate contact?

Do you groom your cat?  Yes  No How does this go? \_\_\_\_\_

Are you primarily home or out of the house every day? (Please elaborate): \_\_\_\_\_

### My cat bites or scratches people: (Check all that apply)

- When playing  When held  
 When being pet  Never  
 When stopping a cat fight  Other (Please elaborate): \_\_\_\_\_  
 When punished \_\_\_\_\_

## Social Environment – Relationship with Other Pets

How does your cat get along with the other animals, if any, within the home? Please list the other pets' names, ages, and species (including cats you care for or feed outdoors): \_\_\_\_\_

**If there are other cats within the home, what behaviors occur between them?**

- Cuddle and groom each other
- Sleep on bed or sofa with
- Stare or block hallway or stairway
- Stare or block hallway or stairway so another cat cannot pass
- Tolerate one another
- Other (Please elaborate): \_\_\_\_\_
- Avoid one another
- Sleep on bed or sofa with close physical contact but without touching

**If outdoor cats come by your windows or glass doors, how does your cat respond to the sight, sound, and/or smell of them?**

**Your Cat's Home**

**How often does your cat go outdoors?**

- Only in warm weather
- Whenever my cat wants, day or night
- A few hours a day
- Never
- Only if my cat escapes
- Other (Please elaborate): \_\_\_\_\_

**If your cat goes outdoors, what is the outdoor access?**

- Free outdoor access on own
- In an outdoor enclosure (e.g., catio screened porch)
- Walk on leash and harness
- Other (Please elaborate): \_\_\_\_\_

**What are your cat's favorite areas in your home?**

- Cat beds
- Your bed or another bed
- A cat tree or perch
- Couch/chair
- Other (Please elaborate): \_\_\_\_\_

**Where does your cat prefer to perch (i.e., rest or sit at a raised level)?**

- High up
- Mid-level
- My cat does not perch anymore
- Other (Please elaborate): \_\_\_\_\_

**Does your cat enter all allowed rooms/areas without avoiding them due to another individual, pet, or item within the room?**

- Yes
- No
- If you answered no, is there someone or something your cat is avoiding? Please elaborate: \_\_\_\_\_*

**How much time does your cat hide or rest under furniture (e.g., bed or sofa) or in a closet or other confined area each day?**

- <25% of the time
- 50% of the time
- >50% of the time
- If your cat tends to hide at certain times, what do you think might be the cause (e.g., visitors, cat- or dog-sitting for a friend, loud noises, etc.)?*

**Where does your cat scratch? (Check all that apply and include where they are located)**

- Vertical scratching post
- Horizontal scratching post (flat)
- Sofa/chair
- Carpet
- Other (Please elaborate): \_\_\_\_\_

List locations (e.g., living room, hallway): \_\_\_\_\_

**How many litter boxes do you have and where are they located?**

\_\_\_\_\_

**Describe your cat's litter box use: (Check all that apply)**

- Consistently uses boxes
- Urinates outside the box sometimes
- Stool outside of the box sometimes
- Does not use every box in home
- Scratches before using box
- Covers eliminations
- Uses boxes but sometimes misses
- Scratches the plastic box instead of covering eliminations
- Stands with two feet or all four feet on edge of the box
- Other (Please elaborate): \_\_\_\_\_

**What are your cat's favorite toys for playing by themselves?**

\_\_\_\_\_

**What are favorite toys for interactive play with a person (i.e., wand toy)?**

\_\_\_\_\_

**Who plays with your cat and how often?**

\_\_\_\_\_

**Does anyone play with your cat using their hands or feet?  Yes  No**

**What foods does your cat eat and how much (including treats)?**

\_\_\_\_\_

**How many times a day is your cat fed and who does the feeding?**

\_\_\_\_\_

**How is your cat fed? (Check all that apply)**

- By him or herself
- With one or more other pets
- From a bowl
- From food puzzles
- From an automatic feeder
- Hidden or scattered food
- Other (Please elaborate): \_\_\_\_\_

**Have there been any changes in the home or any behavioral changes you have noticed? (Check all that apply)**

- Changes in activity
- New people in the home
- New cat(s) or other pets
- Moved house or remodeled
- Change in how your cat interacts with others
- Other (Please elaborate): \_\_\_\_\_

**Veterinary Experiences**

**How does your cat generally act at a veterinary practice (e.g., confident, frightened)?** \_\_\_\_\_

\_\_\_\_\_

**Has your cat had a bad experience at a veterinary practice?  Yes  No**

(Please elaborate): \_\_\_\_\_

**Is it easy getting your cat into the carrier?  Yes  No**

**Where do you keep your cat carrier?** \_\_\_\_\_

**Is there anything else you would like us to know about your cat?**

\_\_\_\_\_

*Thank you for completing this questionnaire and helping us to better care for your cat. Learn more about cat care at [catfriendly.com](http://catfriendly.com).*

