



Lincoln County Animal Shelter

510 NE Harney St.
Newport, OR 97365
541-265-6610

Cat Owner Questionnaire

No one knows and loves your cat the way you do! In order to find the most appropriate home for you cat, please provide as much detail as possible about the history, past veterinary care, likes, dislikes, and quirks of you feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

Has your cat bitten in the last ten (10) days?

Has your cat ever bitten or scratched anyone or another animal and drawn blood?

General Information

Shelter arrival date: _____

Cat's Name: _____ Age: _____

Cat's Sex: Female Male Unsure

Is the cat spayed/neutered? Yes No Unsure

What kind of I.D. does your cat have? Tattoo: _____

Microchip

Is the cat declawed? Front All Not declawed

If declawed, when was it done? As a Kitten As an Adult

History

Why are you surrendering your cat? _____

If surrender reason is behavioral, please explain: _____

How long have you owned your cat? _____

Where did you acquire this cat? _____

Medical History

How often does the cat see a Veterinarian? _____

Which clinic? _____

Is the cat current on vaccinations? _____

Does the cat have any persisting health concerns? _____

Litter Box Habits

We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health and behavior issues involved.

Does your cat have access to a litter box in the house? _____

Where is the litter box located in the house? _____

Please describe the accidents:

- | | |
|---|---|
| <input type="checkbox"/> Urinates outside the box | <input type="checkbox"/> Urinates on clothing/furniture |
| <input type="checkbox"/> Defecates outside box | <input type="checkbox"/> Sprays on walls/furniture |
| <input type="checkbox"/> All the above | <input type="checkbox"/> Other: _____ |

How often was the litter box scooped? _____

What types of litter are used? _____

Lifestyle/Behavior

Is your cat indoor, outdoor or both? _____

Does your cat like other cats? _____

Does your cat like dogs? _____

Has your cat ever been around children? _____

Does your cat like children? _____

How would you describe your cat most of the time?

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Very Active | <input type="checkbox"/> A Clown | <input type="checkbox"/> Couch Potato |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Shy to family | <input type="checkbox"/> Talkative | <input type="checkbox"/> Affectionate | |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Quiet | <input type="checkbox"/> Lap Cat |
| <input type="checkbox"/> More like a dog | <input type="checkbox"/> Fearful | <input type="checkbox"/> Fearless | <input type="checkbox"/> Solitary |

I certify that I am the legal owner / agent of the animal described above. I unconditionally relinquish all rights of ownership to this animal. I understand that because of the overpopulation of animals, many are destroyed the same day they are brought to the shelter. The animal shelter makes no guarantee that the animal will be placed up for adoption. I also certify that the described animal has not bitten any person during the last ten days.

Sign _____ Date _____