



Bucks County Society for the Prevention of Cruelty to Animals

AN INDEPENDENT NON-PROFIT ORGANIZATION
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WWW.BCSPCA.ORG

Cat Intake Questionnaire

Your Name _____ Phone Number _____ Date _____

Cat's Name _____ Age _____ Sex _____ Declawed _____

What is the reason you are surrendering the cat? _____

Where did you get the cat? _____ How long have you had the cat? _____

Has the cat previously been in a shelter or rescue? Y / N Name of shelter/rescue _____

Does the cat have any history of aggression? Y / N Towards Whom? _____

Has the cat ever bitten or scratched anyone? Y / N Has the cat broken skin? Y / N Details _____

Is the cat an inside or outside cat? _____ Where does the cat spend most of his/her time? _____

Does the cat use the litter box? Y / N How frequently does the cat use the litter box? _____

Please see the reverse side to describe any inappropriate elimination problems.

Please list other animals in the household _____

Describe the cat's behavior with dogs _____

Describe the cat's behavior with other cats _____

Describe the cat's behavior with children _____

Has the cat lived with children? Y / N Ages _____

Describe the cat's behavior with family members and visitors _____

Does the cat like toys? Y / N If yes, what kind? _____

What is the cat's preferred place to sleep? _____

What is your cat's preferred scratching material? _____

Would you describe the cat's personality as: Lap-Loving / Social / Loner / Laid-Back / Active / Playful

How does the cat most enjoy to be petted? _____

Describe the cat's behavior for: Nail trims _____ Brushing _____ Being picked up _____

Any known medical concerns? _____

What commands does the cat know? _____

What are the cat's best qualities? _____

What are the cat's most difficult qualities? _____

Has the cat ever been to the vet? Y / N Veterinary Clinic _____

May we contact you if needed? Y / N Do you want to reclaim the cat if he/she is not an adoption candidate? Y / N

Please describe inappropriate elimination and litter box problems:

Please check the behaviors that apply to your cat:

_____Urinating outside the box_____ Bowel movements outside the box_____ Marking/spraying on vertical surfaces

Where does the inappropriate elimination happen? _____

How often does it happen? _____

Have you detected any pattern to the inappropriate elimination? _____

How long has the inappropriate elimination been happening? _____

How many litter boxes are in the house? _____ Do you have a covered or open litter box? _____

Where is the litter box kept? _____ How often is it scooped? _____

How often is the litter changed? _____ What type of litter do you use? Clumping Clay Other: _____

Have there been changes in the litter box routine recently? Y / N Litter type / Location/ Cleaning ritual/ Other: _____

Have there been other recent changes? Y / N Environment / New People / New Animals / Other: _____

Has the cat seen a vet specifically for inappropriate elimination? Y / N

Does the cat act normally aside from the inappropriate elimination? Y / N