

Date: \_\_\_\_\_

**NORTH SHORE ANIMAL LEAGUE CAT QUESTIONNAIRE  
FOR THE SURVIVING PET CARE PROGRAM**

*Please answer the following questions in regard to your pet (complete 1 form per pet). Your answers will help us to place your pet in the best possible home for its temperament. Please be specific.*

Your Name: \_\_\_\_\_

Pet's Name and Breed: \_\_\_\_\_

DOB of Pet: \_\_\_\_\_ Pet's Age: \_\_\_\_\_ Time owned: \_\_\_\_\_

Did your cat come from North Shore Animal League America? If so, when? \_\_\_\_\_

Pet is: Male / Female (Please Circle one)

Veterinarian's Name \_\_\_\_\_ Veterinarian's Phone # \_\_\_\_\_

Is the pet altered? Please check one of the following:

Yes \_\_\_\_\_ No \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Please check any of the following, which would best describe the pet's behavior:

\_\_\_\_ Litter-trained      \_\_\_\_ Destructive      \_\_\_\_ Quiet      \_\_\_\_ Calm and relaxed

\_\_\_\_ Not good with other cats      \_\_\_\_ Not good with dogs      \_\_\_\_ Never been around other pets

\_\_\_\_ Not friendly with strangers      \_\_\_\_ Does not like men      \_\_\_\_ Does not like women

How does your cat around strangers? Please describe behavior including body language.

\_\_\_\_\_  
\_\_\_\_\_

Is your cat friendly? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your cat an outdoor cat? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your cat a feral cat? (Wild and lives outside untouched) Yes \_\_\_\_\_ No \_\_\_\_\_

Where is your pet kept during the day?

\_\_\_\_ Inside, but confined to \_\_\_\_\_

\_\_\_\_ In the garage      \_\_\_\_ Inside with free run of the house

\_\_\_\_ Inside behind a gate      \_\_\_\_ Outside

\_\_\_\_ Inside behind a closed door      \_\_\_\_ Inside and Outside

\_\_\_\_ Inside in a crate or cage      \_\_\_\_ Free to roam in and out as pleases through cat door

Has your cat been around any new or visiting cats? How has he/she/they behaved?

\_\_\_\_\_  
\_\_\_\_\_

Are there any children in the house?

Yes \_\_\_\_ No \_\_\_\_ Their ages? \_\_\_\_\_

How old is the YOUNGEST child this pet has been in contact with? \_\_\_\_\_

Has this pet been raised around any children? Yes \_\_\_\_\_ No \_\_\_\_\_

How did the pet behave with any children?

\_\_\_\_\_

How does this pet behave at the vet's office? Do you usually need to muzzle or sedate the pet for vet visits? \_\_\_\_\_

If the pet needed sedation for the visit, which sedative (drug) was used?

\_\_\_\_\_

Does your pet like car rides? \_\_\_\_\_

What type of food have you been feeding your pet? \_\_\_\_\_

\_\_\_\_\_

What type of food and water dishes does your pet eat out of? \_\_\_\_\_

Please explain your pet's daily schedule (feeding/exercising times, etc.)

\_\_\_\_\_

\_\_\_\_\_

Does your pet like any type of treat? And how often would they be given this treat?

\_\_\_\_\_

\_\_\_\_\_

Does your pet have any favorite type of toy or type of game that your pet likes to play?

\_\_\_\_\_

\_\_\_\_\_

Is your pet afraid of anything? (Thunder, lightning, vacuum cleaner, etc.)

\_\_\_\_\_

\_\_\_\_\_

How is your pet with grooming? (Baths, ear cleaning, nail clipping, etc.)

\_\_\_\_\_

\_\_\_\_\_

My Pet would be Happiest in a Home with: Please check (3)

Children: Yes \_\_\_\_\_ No \_\_\_\_\_

Dog: Yes \_\_\_\_\_ No \_\_\_\_\_

Cat: Yes \_\_\_\_\_ No \_\_\_\_\_

My Pet would prefer a Home in the:

City \_\_\_\_\_ Suburbs \_\_\_\_\_

Do you have any other comments that would help us place your pet in the proper home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_