



Peninsula Regional Animal Shelter
5843 Jefferson Avenue
Newport News, VA 23605

Phone (757) 933-8900
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OWNER ReHOME CAT QUESTIONNAIRE

To help us find the best home for your cat, please answer the following questions accurately and with the greatest detail possible. Behavioral and medical issues may not necessarily create problems in finding a new home for your cat, but not providing us with all relevant information may prevent us from matching your cat with the right home.

CAT IDENTIFYING INFORMATION

Cat Name:

Check one: Male Neutered Male Female Has Spayed Female Declawed?

your cat bitten any person or animal in the past 10 days?

If yes, did it break the skin?

Please explain:

Has your cat **EVER** bitten or scratched any person or animal?

If yes, did it break the skin?

Please Explain:

Why are you surrendering your cat today?

LIFESTYLE

How long have you had this cat?

Including yours, how many homes has the cat had?

How many times have you moved since you have had the cat?

What areas of your home did your cat have access to (*check all that apply*): Indoors only Outdoors only
Indoors with access to outside Indoors at night Indoors in cold weather Outdoors in warm weather
Screened porch Garage or basement In barn or shed

When your cat is indoors, where does it spend its time? Allowed on the furniture NOT allowed on the furniture
Where people are Keeps to itself Lays in the sun/windows Not indoors Other

Where does the cat sleep?

Where does the cat stay when you're not at home?

How do you confine your cat outside?

What's the longest period of time your cat stays alone?

Is this successful?

LIFE EXPERIENCE & BEHAVIOR

Litter Box History: *Please help us by giving as much detailed, accurate information as you can.*

How does your cat potty?

Does your cat have accidents in the house?

Is your litter box: Where is it located?

Is your cat particular about litter? What kind of litter do you use?

How often do you scoop the litter box?

If you have other cats, how many share a litter box?

If you have had litter box problems or issues:

When did they begin?

List any event(s) that may have triggered litter box issues (new baby, moving, changed litter).

List any measures you have tried to correct the problem.

Has a vet diagnosed or ruled out any underlying medical problem? Please explain.

Scratching Behavior: *Please help us by giving as much detailed, accurate information as you can.*

Does your cat have scratching post or other area to claw?

What material(s)? Cardboard Wood Carpet Jute Scratches outside Other

Does your cat scratch destructively? Does it claw on:

Is your cat more comfortable with: Men Women Likes all people

Has your cat lived with or visited children?

With children, would you say your cat is:

How does your cat react to visitors at the door?

Has your cat lived with other cats? If yes, how many? With other cats, would you say your cat is:
(check all that apply) Best friends Playful Friendly Tolerant/coexisted Afraid Rough Fights

Has your cat lived with dogs? If yes, how many? With other dogs, would you say your cat is:
(check all that apply) Best Friends Playful Friendly Tolerant/coexisted Afraid Rough
Fights without injuries Fights with injuries Other/comments

Has your cat lived with any other animals? If yes, what kinds?

How were their interactions? Positive / Negative? Explain

How does your cat behave in the car?

Does your cat: Jump on counters Vocalize excessively Dig in garbage Chew plants

Other:

What are your cat's favorite treats or toys?

What are your cat's favorite activities?

What are some of your cat's shining qualities?

How would you describe your cat's personality?

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

HEALTH AND MEDICAL HISTORY

Who is your veterinarian or where do you have your cat's vaccinations done?

How does your cat behave at the vet?

What kind of food does your cat eat?

What brand of food does your cat eat?

What medications is your cat currently taking (name and dose)?

Is your cat currently experiencing any of these conditions (check and circle all that apply)?

Blind	Deaf	Hair loss	Unusual lumps
Diarrhea	Constipation	Rapid weight loss/gain	
Loss/Increase Appetite	Increase/Decrease drinking	Vomiting	

Has your cat been diagnosed with or treated for any of these (check and circle all that apply)?

Ear infections	Food Allergies	Skin Allergies	Worms
Eye infections	Heat Stroke	Gastritis	Respiratory Infection
Thyroid Disease	Lyme Disease	Arthritis/Joint pain	Irritable bowel
Feline Leukemia	Tumors	Cancer	Cataracts
Seizures		Broken bones	

Please explain any health conditions listed above.

To schedule a surrender consultation/appointment:

- Print and bring this with you to 5843 Jefferson Ave NN VA 23605.
- email (**include your name and phone number**) using the button below.
- call 757-933-8900.

include your name and phone number in the email!