



718.622.0600 / [Info@HouseBrokenNY.com](mailto:Info@HouseBrokenNY.com)

## CAT QUESTIONNAIRE

### General

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

Cat's Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Human Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (name, phone number): \_\_\_\_\_

\_\_\_\_\_

Veterinarian (name, address, phone number): \_\_\_\_\_

\_\_\_\_\_

### Health

Does your cat have any allergies? \_\_\_\_\_

\_\_\_\_\_

Does your cat take any medication? \_\_\_\_\_

\_\_\_\_\_

Are there any health problems or activity constraints we should be aware of? \_\_\_\_\_

\_\_\_\_\_



**Personality and Behavior**

How long have you had your cat? \_\_\_\_\_

If your cat was adopted, do you know about his/her previous history (if you do, please describe)?

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

Does your cat like to hide? Where? \_\_\_\_\_

\_\_\_\_\_

How does your cat react to strangers? \_\_\_\_\_

\_\_\_\_\_

Where does your cat like to be petted? \_\_\_\_\_

\_\_\_\_\_

What are your cat's favorite toys/treats? \_\_\_\_\_

\_\_\_\_\_

Please provide any other information about your cat that you feel would be helpful (e.g., feeding, watering, litter box instructions, etc.):

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

Please e-mail your completed form to: [Info@HouseBrokenNY.com](mailto:Info@HouseBrokenNY.com)