



## Bucks County Society for the Prevention of Cruelty to Animals

AN INDEPENDENT NON-PROFIT ORGANIZATION  
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WWW.BCSPCA.ORG

### Bucks County SPCA 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

**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 food are you feeding the cat? \_\_\_\_\_

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