

Cat Owner's Questionnaire

Valley Animal Haven is a managed admissions animal rescue facility and offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters, therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. **If this animal was adopted from Valley Animal Haven, please contact the office immediately and complete the questionnaire. Do not attempt to re-home a Valley Animal Haven animal on your own.** Thank you for your consideration!



Reservations for Evaluation and Proof of Current Vaccinations are REQUIRED. Once we receive the completed questionnaire and proof of vaccinations (Rabie, HCPCh, FeLV, etc.), we will contact you within 72 hours to review the information and discuss your options and next steps. If an animal is accepted into our facility, a Surrender Fee may apply. Please **DO NOT** bring your pet to the shelter without an appointment, as drop-in's will not be accommodated.

I. Contact Information

Your Name:	Primary Phone:
E-Mail:	Alternative Phone:
Address:	City and Zip Code:

II. Description of your Cat & Basic History

Cat's Name	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Breed and Color	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your Cat microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip Number	
Why do you need to surrender this cat?		
If you have a time limit, when do you need to surrender by?	If we could help you resolve this issue, would you consider keeping your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your cat a new home?		
Does your cat tend to bite or scratch? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what circumstances will the cat bite or scratch?	
How long have you owned this cat?	Including yours, how many homes has this cat had?	
Where did you get your cat from?		
<input type="checkbox"/> Breeder	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Valley Animal Haven
<input type="checkbox"/> Pet Store	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Another Shelter: Which one?
<input type="checkbox"/> Born at Home	<input type="checkbox"/> Found as stray	_____
<input type="checkbox"/> Other: _____		

III. Family Environment

Please describe the human family members that your cat has lived with: (<i>Check all that apply</i>)	
<input type="checkbox"/> Adult Men <input type="checkbox"/> Adult Women <input type="checkbox"/> Senior Citizens <input type="checkbox"/> Children (what ages? _____)	
Do you have children as visitors on a regular basis?	If Yes, What ages?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your cat's behavior around children: (<i>Check all that apply</i>)	
<input type="checkbox"/> Gentle <input type="checkbox"/> Friendly / Playful <input type="checkbox"/> Nervous / Frightened <input type="checkbox"/> Unpredictable	
<input type="checkbox"/> Ignores / Indifferent <input type="checkbox"/> Roughness <input type="checkbox"/> Too rough for children <input type="checkbox"/> Snappy at times	
<input type="checkbox"/> Watches over them <input type="checkbox"/> Too active <input type="checkbox"/> Actively avoids children <input type="checkbox"/> Never with Children	
<input type="checkbox"/> Other: (Please Explain)	
Would you recommend placing this cat in a home with children? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	
Please check all the animals that your cat has lived with: (<i>Check all that apply</i>)	
<input type="checkbox"/> Male Cats <input type="checkbox"/> Reptiles <input type="checkbox"/> Birds <input type="checkbox"/> Dogs (What Kind? _____)	
<input type="checkbox"/> Female Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Farm Animals <input type="checkbox"/> Small Animals (What Kind? _____)	
<input type="checkbox"/> Other: (Please Explain)	
Describe your cat's behavior around other cats: (<i>Check all that apply</i>)	
<input type="checkbox"/> Adores other cats <input type="checkbox"/> Friendly / Playful <input type="checkbox"/> Frightened <input type="checkbox"/> Aggressive with all cats	
<input type="checkbox"/> Ignores or Indifferent <input type="checkbox"/> Causes this cat stress <input type="checkbox"/> Bossy <input type="checkbox"/> Aggressive with unfamiliar cats	
<input type="checkbox"/> Good with some cats <input type="checkbox"/> Roughness <input type="checkbox"/> Avoids other cats <input type="checkbox"/> Never been around other cats	
<input type="checkbox"/> Other: (Please Explain)	
Would you recommend placing this cat in a home with other cats? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	
Describe your cat's behavior around dogs: (<i>Check all that apply</i>)	
<input type="checkbox"/> Never been around dogs <input type="checkbox"/> Friendly / Playful <input type="checkbox"/> Bossy <input type="checkbox"/> Frightened of dogs	
<input type="checkbox"/> Ignores or indifferent <input type="checkbox"/> Roughness <input type="checkbox"/> Stressed <input type="checkbox"/> Aggressive toward dogs	
<input type="checkbox"/> Other: (Please Explain)	
Would you recommend placing this cat in a home with dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	

III. Home Environment

Where does your cat live? (<i>Check one</i>)	
<input type="checkbox"/> Indoors only <input type="checkbox"/> Indoors mostly <input type="checkbox"/> Inside & Outside equally	
<input type="checkbox"/> Only outside with supervision <input type="checkbox"/> Outside and in garage <input type="checkbox"/> Outdoors only	
How many hours of a typical day is your cat home alone? (<i>Check One</i>)	
<input type="checkbox"/> None, someone is always around <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> 1 – 5 Hours <input type="checkbox"/> 5 – 10 Hours	
<input type="checkbox"/> 10+ Hours <input type="checkbox"/> Lived outdoors, never been outside	
<input type="checkbox"/> Other: (Please Explain)	
How would you describe your household? (<i>Check One</i>) <input type="checkbox"/> Active, Busy or Noisy <input type="checkbox"/> Average <input type="checkbox"/> Calm / Quiet	

IV. Activities, Play & Behavior

Would you describe your cat as: (<i>Check all that apply</i>)				
<input type="checkbox"/> Friendly and Outgoing	<input type="checkbox"/> Active	<input type="checkbox"/> Feisty	<input type="checkbox"/> Anxious or Nervous	<input type="checkbox"/> Playful
<input type="checkbox"/> More like a dog than a cat	<input type="checkbox"/> Vocal / Talkative	<input type="checkbox"/> Shy	<input type="checkbox"/> Rambunctious	<input type="checkbox"/> Fearless
<input type="checkbox"/> Shy only with strangers	<input type="checkbox"/> Friendly to visitors	<input type="checkbox"/> Aloof	<input type="checkbox"/> A scaredy cat	<input type="checkbox"/> Lazy
<input type="checkbox"/> Independent	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Lap Cat	<input type="checkbox"/> Lazy	<input type="checkbox"/> Spiteful
<input type="checkbox"/> Solitary	<input type="checkbox"/> Other:			

Does your cat: *(Check all that apply)*

<input type="checkbox"/> Use a scratching post	<input type="checkbox"/> Like being groomed	<input type="checkbox"/> Bite or chew playfully	<input type="checkbox"/> Hide from other cats
<input type="checkbox"/> Walk on a leash	<input type="checkbox"/> Like being held	<input type="checkbox"/> Hunts rodents & birds	<input type="checkbox"/> Fight with other cats
<input type="checkbox"/> Meow a lot	<input type="checkbox"/> Play fetch	<input type="checkbox"/> Sleep on bed with people	<input type="checkbox"/> Scratch drapes
<input type="checkbox"/> Chew on plants	<input type="checkbox"/> Drool when pet	<input type="checkbox"/> Climb drapes	<input type="checkbox"/> Scratch carpeting
<input type="checkbox"/> Like Catnip	<input type="checkbox"/> Jump on counters	<input type="checkbox"/> Pounce from above	<input type="checkbox"/> Become active at night

Describe how your cat likes to play: *(Check all that apply)*

<input type="checkbox"/> Gently – no teeth or claws	<input type="checkbox"/> Fetches toys and/or small items	<input type="checkbox"/> Rough – may bite or scratch in play
<input type="checkbox"/> Likes mouse toys and/or balls	<input type="checkbox"/> Likes hide and seek	<input type="checkbox"/> Likes to chase and pounce
<input type="checkbox"/> Likes crackly things	<input type="checkbox"/> Learns tricks for treats	<input type="checkbox"/> Chases bugs / moths
<input type="checkbox"/> Likes feather wands or pole toys	<input type="checkbox"/> Likes playing with other cats	<input type="checkbox"/> Not much interest in playing
<input type="checkbox"/> Other: (Please Explain)		

Are there any places on your cat's body it does not like being touched, brushed or petted? Yes No
If yes, please explain:

What does your cat do when it has had enough petting? *(Check one)*

Walks away Growls, scratches and/or bites No issues, loves being pet!

How does your cat react to visitors and/or strangers in your home? *(Check all that apply)*

<input type="checkbox"/> Immediately curious of visitors	<input type="checkbox"/> Hides, but soon comes to say hi	<input type="checkbox"/> Hides, does not come out while there
<input type="checkbox"/> Indifferent, goes about normal	<input type="checkbox"/> Avoids, but goes about normal	<input type="checkbox"/> Rarely have visitors in my home

Is your cat afraid of anything? *(Check all that apply)*

<input type="checkbox"/> Loud noises	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Broom	<input type="checkbox"/> School aged children	<input type="checkbox"/> Babies or Toddlers
<input type="checkbox"/> Strangers	<input type="checkbox"/> Cars	<input type="checkbox"/> Dogs	<input type="checkbox"/> Unfamiliar cats	<input type="checkbox"/> Unfamiliar dogs
<input type="checkbox"/> Other: (Please Explain)				

What does your cat do when afraid?

Does your cat have any bad habits or "quirks"? Yes No
If yes, please explain:

V. Health & Diet

Has your cat ever been hit by a car or required surgery? Yes No
If yes, please explain:

Is your cat declawed? Yes - Front Yes – Back Not Declawed
If yes, when?

Has your cat ever been diagnosed or treated for any of the following by a veterinarian? *(Check all that apply)*

<input type="checkbox"/> Urinary Blockage	<input type="checkbox"/> Ringworm	<input type="checkbox"/> Upper Respiratory Infection	<input type="checkbox"/> Digestive Problems
<input type="checkbox"/> Ear-mites	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Broken Bone(s)	<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Kidney or Liver Problems	<input type="checkbox"/> Tumors or Cancer
<input type="checkbox"/> Required Surgery	<input type="checkbox"/> None, my cat has always been healthy		
<input type="checkbox"/> Other illness or condition: _____			

Does your dog require any medication or a special diet on a regular basis? Yes No
If yes, please explain:

Is your cat accustomed to: *(Check all that apply)*

<input type="checkbox"/> Bathing	<input type="checkbox"/> Brushing/combing	<input type="checkbox"/> Nail Trimming	<input type="checkbox"/> Ear cleaning	<input type="checkbox"/> Medicating
<input type="checkbox"/> Other: _____				

VI. Review and Certification

By my signature below, I certify that I am the legal owner of this animal. I also certify that the information I have provided on and in connection with this form is true, accurate and complete to the best of my knowledge. I understand that any false statements or deliberate omissions on this document or any other documents that I submit to Valley Animal Haven may be grounds for disqualification for consideration of surrendering my animal to this organization.

I understand that submission of the Cat Owner's Questionnaire is not a guarantee that Valley Animal Haven will be able to make the space needed for my cat.

Signature of Owner

Date

VII. Next Steps

Thank you for taking the time to complete this Questionnaire. This information is key to helping us help you and your pet. Please submit the following to Valley Animal Haven for review and consideration:

- Completed & Signed Cat Owner's Questionnaire
- Any Medical and Vaccination Record
- Current Picture of the Animal

Submissions may be made by emailing us at valleyanimalhaven@gmail.com or by mail or in-person to:

Valley Animal Haven
990 E. D Street
Lemoore, CA 93245
ATTN: Intake Department

Please allow 72 hours for our Staff to review your request and determine how to help you and your pet. Please note that Valley Animal Haven will contact you regarding the next steps which may include a temperament evaluation or a home-visit. A surrender fee may apply.

Should you have any questions or concerns, please contact our office at (559) 997-3601.

Thank you for your cooperation!