

MY CAT'S HISTORY

Animal # _____

My cat's name: _____ My cat's age: _____ Weeks / Months / Years

My cat is a: Male / Female Neutered / Spayed Declawed [Front / Back / Both]

How long have you had your cat: _____

Has your cat ever bitten anyone? Yes No



Why are you giving up your cat?

- New Baby Moving Allergies
- Not using litter box Cat doesn't like people Cat doesn't like other pets
- Biting/scratching:
 - Do the bites / scratches draw blood? Yes / No
 - Why does your cat bite / scratch? _____
- Behavior issues (please list) _____
- Other: _____

How did you get your cat?

- Friend or family member Newspaper ad Free Pet store Breeder
- Born at home Stray Other: _____

Why did you get your cat?

- For myself For a family member For another pet As a mouser
- Unwanted gift Rescued from the street Other: _____

How was your cat raised?

- With children Single pet With other pet(s): _____
- Inside only Outside only Both inside and outside

If this is an indoor cat, do you keep your cat out of certain rooms? Yes No

Please explain why: _____

Where does your cat sleep at night? Inside: Where? _____ Outside: Where? _____

Who is your primary veterinarian? _____

When was the last time your cat was at the veterinarian? _____

Are your cat's vaccines current? Yes No

Does your cat have any health problems? Yes No

If yes please explain: _____

WHAT MY CAT EATS

What type of food does your cat eat and how often?

- How often: Once daily Twice daily Free fed
- Type: Canned food Dry food Both Special diet: _____

Does your cat have any favorite treats? _____

HOW MY CAT BEHAVES

What does your cat like to scratch on?

- Carpet Upholstery Cardboard Wood Horizontal / flat surfaces
 Vertical / Upright surfaces Slanted / on an angle Other: _____

How often do you play with your cat? Daily Few times per week No regular play time

What does your cat play with?

- Cat toys String Feathers Balls Bugs, birds, mice, etc. Other: _____

Is your cat's play style?

- Gentle as a lamb Middle of the road Rough & tumble Not interested in play

Does your cat have any areas it doesn't like to be touched?

- Back Tail Feet Ears Neck Face Abdomen Other: _____

If you have disciplined your cat, what method(s) did you use?

- Yelling Hitting Throw something at the cat Squirt bottle
 Put outside Put in another room Other: _____

What do you discipline your cat for?

- Litter box accidents Getting on counters Scratching furniture Eating plants
 Scratching / biting people Bothering other pets Nighttime activity Other: _____

How does your cat behave with?

- Kids:* Friendly Playful Shy/fearful Protective Aggressive
Adults: Friendly playful Shy/ fearful Protective Aggressive
Animals: Friendly playful Shy/ fearful Protective Aggressive

➤ What animals does your cat not get along with? _____

Is your cat scared of?

- Men Women Children Strangers Cat carriers
 Going to the vet Going in the car Loud noises Nail clipping Brushing
 Bathing Other animals: _____ Other: _____

MY CAT'S LITTER BOX

Number of cats your home: _____ **Number of litter boxes your home:** _____

How old are the litter boxes? 1 month 6 months 1 year more than a year

What size and type of litter box do you use?

- Height: _____ Width: _____ Length: _____
 Uncovered Covered Electronic litter box
 Rolling litter box Baby pool Other: _____

Type of litter and depth:

- Clay scoop-able Crystals or pearls Sand
 Newspaper Scented Unscented Other: _____
 1-2 inches 2-3 inches 3-4 inches Greater than 4 inches

The litter box is?

- Scooped:* Daily Weekly Monthly When it smells bad When cat stops using it
Dumped: Daily Weekly Monthly When the cat stops using it Never
Cleaned: Daily Weekly Monthly When the cat stops using it Never

What do you use to clean the litter box (bleach, pine sol, etc.)? _____

Where is the litter box located?

- First floor Second floor Basement Bedroom Living room
 Kitchen Bathroom Laundry room Near a wall In a corner
 Under furniture Behind furniture Out in the open In a closet Other: _____

Has your cat ever had an accident outside the litter box? No Yes: Urine Feces Both

If yes, where was the accident?

- Next to the box On carpet or rug On clothes / towels / bedding
 In bathtub / shower Near a door / window Spraying on vertical surface
 On tile / wood / concrete On furniture Other: _____

How often were these accidents?

- Daily A few times per week Every couple of weeks
 About once per month Ever couple of months A few times per year
 Once a year Other: _____

Has your cat seen a veterinarian for this problem? Yes No

Was the problem resolved?

- Yes, no more accidents Only occasional relapse No, ongoing problem

PLEASE TAKE A FEW MOMENTS TO COMPLETE THE FOLLOWING

What do you enjoy most about your cat?

What would you change about your cat?

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

May we contact you for further information if it is needed? Yes No

