

1. How long have you owned this cat? _____ Cat's date of birth (if known): _____
2. How did you acquire the cat? Found Friend Family Gift Bred at home Breeder _____
 Shelter/Rescue: _____ Pet store: _____ Other: _____
3. How many homes other than yours has this cat had? _____

Temperament/Behavior:

4. The cat's temperament tends to be: (check all that apply) Friendly Playful Cuddly Timid/shy Independent
 Active Calm Reserved Aggressive Other: _____
Staff use: _____
5. What do you like most about the cat? _____
6. What are your cat's favorite toys or games? _____
7. Has the cat lived with: Men Women Children under 6 yrs Children 6 – 12 yrs Teens 13 yrs +
 Cats (how many) _____ Dogs (breed/size: _____) Birds Other: _____
8. How does the cat react to: Other cats? _____ Dogs? _____
Children (ages?) _____ New People? _____
9. Has your cat lived: Indoor only Indoor mainly Indoor/Outdoor Outside mainly Outside only
10. How does your cat go outside? N/A Person lets out Cat door Open window Other _____
11. This cat: Always uses a litterpan Always "goes" outdoors Uses both litterpan and outdoors
 Sometimes has bathroom mistakes in the home Is not provided with a litterpan

Staff use: _____

12. What type of litter do you use? Clay Clumping Pine Paper Other _____
13. How often is it scooped? Daily Every other day Weekly When dirty Other _____
14. Does the cat tend to: a) Scratch furniture b) Hide c) Chew plants d) Roam e) Bite/scratch f) Stay active at night
 g) Meow a lot h) Jump on countertops i) Dislike being brushed j) Other _____

Staff use: _____

15. What texture does your cat like to scratch on? Carpeted Post Sisal Cardboard Wood Other _____
16. Has the cat ever bitten a person? No Yes Did it break the skin? No Yes

Medical/Other:

17. Is your cat microchipped? Yes No Unsure
18. Is your cat declawed? No Front paws All four paws Tendonectomy
19. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this cat?
 No Yes Please explain: _____
20. Has this cat seen a veterinarian? No Yes How long ago? _____ Reason? _____
21. If your cat has litterpan problems, has a urinalysis been done? No Yes (When/results? _____)
22. Name of cat's veterinary clinic: _____
23. What type of food do you feed? Dry Canned Both Brand: _____