



Date: \_\_\_\_\_  
A#: \_\_\_\_\_

### Cat/Kitten: Supplementary Information

Please take your time and give us as much information as possible.  
Your input will enable us to place your pet in the kind of home he/she needs.

#### Basic Information

Cat's name \_\_\_\_\_ Age: \_\_\_\_\_ wks mos yrs Sex: M F Spayed/Neutered: Y N Declawed: Y N

How long have you had the cat: \_\_\_\_\_ wks mos yrs Declawed at what age: \_\_\_\_\_ wks mos yrs

Where did you get the cat:  Pet Shop  Friend/Relative  Internet  Gift  Newspaper  Found/Stray  Breeder  
 Shelter [Which shelter? \_\_\_\_\_]  Litter at home  Giveaway  Other \_\_\_\_\_

Please describe your household:  Quiet  Active  Noisy

# of men in household: \_\_\_\_\_ How did the cat react to the men in the household:

Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches  Bites

# of women in household: \_\_\_\_\_ How did the cat react to the women in the household:

Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches  Bites

# of children and their ages in household: \_\_\_\_\_ How did the cat react to the children in the household:

Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches  Bites

What other animals did the cat live with:  No other animals in household

Dogs # \_\_\_\_\_ Breed \_\_\_\_\_  Cats #males \_\_\_\_\_ #females \_\_\_\_\_  Other \_\_\_\_\_

How did the cat get along with the cats in household:

Friendly  Playful  Tolerant  Afraid  Ignores  Hisses  Growls  Swats  No cats in home

How did the cat get along with cats outside of your household:  Friendly  Playful  Tolerant  Afraid  Ignores

Hisses  Growls  Swats  Never sees cats outside of the household

How did the cat get along with the dogs in your household:  Friendly  Playful  Tolerant  Afraid  Ignores

Hisses  Growls  Scratches  No dogs in home

Why are you surrendering this cat? \_\_\_\_\_  
\_\_\_\_\_

What would have to happen for you to keep this cat? \_\_\_\_\_  
\_\_\_\_\_

Staff notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Litterbox History

Do you provide the cat with a litterbox:  Yes  No How many? \_\_\_\_\_ Are they covered?  Yes  No

Do you use liners:  Yes  No How often is it scooped:  Daily  Weekly  Bi-weekly  Monthly

Changed completely:  Daily  Weekly  Bi-weekly  Monthly **Where are the litterboxes located?** \_\_\_\_\_

What type of litter do you provide:  Clay  Clumpable  Crystals  Other \_\_\_\_\_

Does the cat have accidents in the house:  Yes  No **If YES, fill out Litterbox Issue Supplementary Form.**

**Behavior History**

How many hours a day is the cat: Indoors: \_\_\_\_\_ (hrs/day) Outdoors: \_\_\_\_\_ (hrs/day)

**If outdoors, is the cat:**  Allowed to Roam  Supervised  Harnessed  Screened Room/Porch

Has the cat ever scratched a person:  Yes  No

Has the cat ever bitten a person:  Yes  No **Did the bite break skin:**  Yes  No

**If yes, please explain, including date bite occurred:** \_\_\_\_\_

**Did the person seek medical attention?**  Yes  No

Is the cat accustomed to:  Bathing  Brushing  Nail trimming  Teeth cleaning  Medicating

How does the cat behave in the car:  Cries  Vomits  Tries to escape  Urinate/Defecate  Does nothing

**Health and Medical History**

Did the cat see a veterinarian on a regular basis:  Yes  No

**If yes, what is the veterinary clinic's name?** \_\_\_\_\_ **City:** \_\_\_\_\_

How did the cat behave at the veterinarian:  Friendly  Tolerant  Afraid  Hisses  Swats  Bites

Does the cat have any past or present medical conditions:  Yes  No

**If yes, what are they?** \_\_\_\_\_

Is the cat currently on any medications or special diets?  Yes  No

**If yes, what are they?** \_\_\_\_\_

**If currently taking medication, what date & time was the last dose administered?** \_\_\_\_\_

Is the cat current on annual vaccines? \_\_\_\_\_

What type of food does the cat eat:  Dry  Wet/Canned  Mix of both **What brand(s)?** \_\_\_\_\_

Does the cat get table scraps?  Yes  No **Does the cat get treats?**  Yes  No

**Please feel free to tell us any additional helpful information:**

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

Staff notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For staff use only:

**DO NOT FORGET TO ASSIGN A BEHAVIORAL FASS SCORE!**

**Client Care Team Member Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Filled Out Form**  **OR** **Reviewed Form**