



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**