



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: Sex: Spayed/Neutered: Declawed:

How long have you had the cat: Declawed at what age:

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 animals:

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: How many? Are they covered?

Do you use liners: 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: 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:

Has the cat ever bitten a person: Did the bite break skin:

If yes, please explain, including date bite occurred:

Did the person seek medical attention?

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:

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:

If yes, what are they?

Is the cat currently on any medications or special diets?

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? Does the cat get treats?

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**