

MY CAT'S HISTORY



Animal # _____

Cat's name: _____

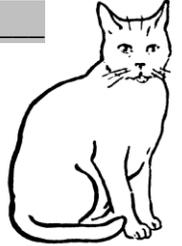
Cat's age: _____ Weeks / Months / Years

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

Breed: _____ How long have you had your cat: _____

Has your cat ever bitten anyone? Yes No

Microchip# _____



Why are you giving up your cat?

- New Baby Moving Allergies Not enough time
- 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 (If yes) Ages: _____ Single pet With other pet(s): _____
- Inside only Outside only Both inside and outside

What areas of your home did the cat have access to?

- Indoors only Outdoors only Indoors at night Outdoors in warm weather
- In barn / shed Screened porch Garage / basement Indoors with access to outside
- Other _____ Indoors in cold weather

Where did your cat spend most of his/her time?

- Bedroom Kitchen Living room Garage /basement
- At the window Outdoors only Barn / Shed Where people are
- Other _____

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? (Include allergies, previous surgeries, current medications, etc.)

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 Brand: _____

Type: Canned food Dry food Both People food: _____

Does your cat have any favorite treats? _____

HOW MY CAT BEHAVES

How would you describe your cat?: Lap Loving Social Butterfly Mellow Curious Active
 Playful Loner

Activity Level: Low Moderate High

Vocalization: Low Moderate High

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: _____

If this cat has lived with other cats, how did they interact? (check all that apply)

Adored each other Played together Sniffed noses Groomed each other

Slept near each other Ignored each other Rough w/others Fought with injuries

Fought w/o injuries Gentle with others Caused this cat stress Peacefully coexisted

Cat rubbed on dog Cat tormented dog Avoided each other

Other (please explain) _____

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 more comfortable with:

- Women Men Kids Teenagers Seniors
- Loves all people

Is your cat scared of?

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

MY CAT'S LITTER BOX

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

How would you describe the ideal home for your cat?

What would you change about your cat?

Please add any additional information (including special needs) 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.
