

## Cat Background Information



Date \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Contact Number: # \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Cat's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

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

How long has this cat lived with you? \_\_\_\_\_

### Medical History

When did the cat last see a veterinarian? \_\_\_\_\_ Vet Name: \_\_\_\_\_

Spayed/Neutered? :  Yes  No

Vaccine History:

Vaccine \_\_\_\_\_ Date \_\_\_\_\_

Vaccine \_\_\_\_\_ Date \_\_\_\_\_

Does the cat have any old injuries or health problems?:  Yes  No  Not Sure

If yes, describe \_\_\_\_\_

Has the cat been diagnosed with and/or treated for any of the following:

- Allergies  Tumors  Upper Respiratory Infection  Heart murmur  Epilepsy or seizure  
 Organ Failure  Thyroid Disease  Urinary Tract Infection  Diabetes

Does the cat need any medication or special diet?:  Yes  No

If yes, describe \_\_\_\_\_

Is this cat declawed? :  Yes  No

If yes: \_\_\_\_ Front Declawed \_\_\_\_ All Four Declawed

### Dietary Habits

What type of food was the cat fed?  Dry only  Canned only  Both Dry and Canned

Other: \_\_\_\_\_

Brand of food used: \_\_\_\_\_

Is there any type of food your cat will not eat?: \_\_\_\_\_

### Litter Box Habits

*We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Some changes in environment may be just what the cat needs, and sometimes there are more serious health or behavioral issues involved.*

Did your cat have access to a litter box in the house? :  Yes  No

If no, did your cat use the bathroom only outdoors? :  Yes  No

If yes, did your cat use the litter box? :  Yes  No  Sometimes

If sometimes, how often does the cat make mistakes?: \_\_\_\_\_

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Please describe the accidents:

- Urinates outside the box    Urinates on clothing/furniture  
 Poop outside the box    Sprays on walls/furniture    All of the above    Other\_\_\_\_\_

How often was the litter box scooped?    Every day    Every few days    Weekly    Rarely

What type(s) of litter was used?    Unscented    Scented    Clumping    Non-Clumping  
 Crystals    Clay    Pine    Newspaper    Other\_\_\_\_\_

What type of litter box was used?

\_\_\_\_\_Covered   \_\_\_\_\_Uncovered   \_\_\_\_\_Self-Cleaning

Are there other animals in your home? :    **Yes**    **No**  
 Other Cats: how many?\_\_\_\_\_    Dogs    Birds    Other\_\_\_\_\_

How many litter boxes are in your home?\_\_\_\_\_

Where are the litter boxes located? \_\_\_\_\_

If litter box accidents were an issue, when did they begin?    Past Month    Past Year    Ongoing

Can you pinpoint any changes in your household event(s) that might have influenced or triggered inappropriate litter box use?:  
\_\_\_\_\_

Please describe what measures you have taken to correct this problem: \_\_\_\_\_

Has the cat been examined by a veterinarian to rule out physical problems? :    **Yes**    **No**  
If Yes, what was the outcome?\_\_\_\_\_

### **Personality**

How would you describe your cat most of the time? (check all that apply)

- Very Active    Friendly to Family    Aloof    A Clown    Couch Potato    Shy to Family  
 Shy to Visitors    Playful    Talkative    Affectionate    Independent    Friendly to Visitors  
 Quiet    Lap Cat    More Like a Dog    Withdrawn    Playful    Fearful    Fearless    Solitary

Has the cat ever bitten anyone?:    **Yes**    **No**  
If yes, When (date)?\_\_\_\_\_

If yes, please describe \_\_\_\_\_

Did the bite break skin?:    **Yes**    **No**

Does the cat use a scratching post?:    **Yes**    **No**    **Don't have one**

Where does the cat like to be petted? \_\_\_\_\_

Where does the cat dislike to be petted? \_\_\_\_\_

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Is this cat frightened of anything?

- Men     Children     Thunder     Fireworks     Vacuums     Feet     Hands     Dogs  
 Other \_\_\_\_\_

Is this cat a hunter?:     **Yes**     **No**     **Don't Know**

### Play Style

How does your cat like to play? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Plays gently, does not usually use teeth or claws | <input type="checkbox"/> Likes to play hide and seek      |
| <input type="checkbox"/> Likes to chase & pounce with a variety of toys    | <input type="checkbox"/> Likes to play with other cats    |
| <input type="checkbox"/> Likes to play rough, may bite or scratch          | <input type="checkbox"/> Not much interest in play        |
| <input type="checkbox"/> Likes things that crackle, such as paper bags     | <input type="checkbox"/> Likes to play with dogs          |
| <input type="checkbox"/> Will fetch items such as bottle caps or toys      | <input type="checkbox"/> Chases bugs or moths             |
| <input type="checkbox"/> Likes to play in or around water                  | <input type="checkbox"/> Likes to learn tricks for treats |
| <input type="checkbox"/> Other _____                                       |   |

Does the cat have any favorite toys or activities?: \_\_\_\_\_

### Lifestyle & Home Life

What ages of people lived with this cat?     Adult Men     Adult Women     Seniors

Older Children (ages) \_\_\_\_\_     Young Children (ages) \_\_\_\_\_

Is this cat most comfortable with:

- Women     Men     Kids     Teenagers     Seniors     Loves Everyone

How would you describe the cat's behavior around children?

- Friendly     Playful     Tolerant     Afraid     Shy     Aggressive

If the cat lived with children under the age of 7, how did they interact? (check all that apply)

- Cat actively avoided child     Child could pet the cat     Cat & child played together  
 Cat hissed or growled at child     Ignored each other     Mutual adoration

How would you describe your household?

- Active     Noisy     Quiet     Average

How does this cat react to visitors? \_\_\_\_\_

What areas of your home did the cat have access to? (check all that apply)

- Inside Only     Inside with access to outside     Outside Only     Inside at night  
 Garage or Basement     In barn or shed     Screened porch     Indoors in cold weather  
 Outdoors in warm weather     Other \_\_\_\_\_

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

- Adored each other     Slept near each other     Ignored each other     Rough with other  
 Played together     Fought without injuries     Peacefully coexisted     Gentle with other  
 Sniffed noses     Fought with injuries     Caused this cat stress     Other \_\_\_\_\_



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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Slept near each other   | <input type="checkbox"/> Avoided each other     | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Cat rubbed on dog | <input type="checkbox"/> Played with each other  | <input type="checkbox"/> Peacefully coexisted   | <input type="checkbox"/> Ignored each other |
| <input type="checkbox"/> Sniffed noses     | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Dog chased cat         | <input type="checkbox"/> Cat tormented dog  |
| <input type="checkbox"/> Cat feared dog    | <input type="checkbox"/> Fought with injuries    | <input type="checkbox"/> Caused this cat stress | <input type="checkbox"/> Other _____        |

Does the cat do any of the following? (check all that apply)

- |  |  |                                      |   |  |
|--|--|--------------------------------------|---|--|
| <input type="checkbox"/> Jump on counters/tables | <input type="checkbox"/> Scratch furniture | <input type="checkbox"/> Chew plants | <input type="checkbox"/> Climb curtains | <input type="checkbox"/> Chew personal items |
| <input type="checkbox"/> Scratch doors/cabinets  | <input type="checkbox"/> Other _____       |                                      |   |  |

How did you attempt to correct this problem(s)? \_\_\_\_\_

Is the cat accustomed to:  Bathing  Nail trimming  Ear Cleaning  Brushing/Combing

**Other:** Any other notes or comments you would like to share?



**Notes and comments:** (Office Use Only)