



Owner Provided Cat Information

Owner Name: _____ Owner phone number: _____

Basic Information

(Please check all that apply)

Cat's name: _____ Any nicknames? _____

Cat's current age: _____ Cat's age when you got it: _____

Is this cat: Male Female Female/Spayed Male/Neutered

Name of Veterinary Clinic cat has been to: _____

First and last name on the account at the vet's office: _____

Last time cat was seen by the vet: _____

Please list any brand of flea preventative this cat has received: _____

Date flea preventative was given: _____

Is the cat declawed? NO YES- front only YES- all 4 paws

Is the cat microchipped? NO YES: Name of company: _____

Why are you surrendering your cat?

- Moving
- Allergies
- Did not want from the beginning/stray
- Not getting along with other pets (please list): _____
- Urinating outside the litter box: _____
- Behavior issues (please explain): _____
- Other: _____

How did you obtain the cat?

- Adopted from Capital Area Humane Society. If so, when? _____
- Breeder Gift
- Friend, neighbor, or family member Stray
- Pet store Other: _____
- Adopted from (shelter, rescue, other organization): _____

Housing Information

(Please check all that apply)

How was the cat housed?

- Inside only Inside and outside As a barn or farm cat
- Outside only Other: _____

If cat is housed both inside and outside, when does the cat go out, and how does it get out?

- Daytime Door dashes
- Nighttime Escapes through windows
- Whenever it wants Owner lets it out

Exposure to people/animals*(Please check all that apply)*

- Children Lived with Visited with Never been around Seen outside
 Cats Lived with Visited with Never been around Seen outside
 Dogs Lived with Visited with Never been around Seen outside
 Small animals Lived with Visited with Never been around Seen outside

How does the cat behave and/or interact with the following?

Adults	Young Children	Older Children	Strangers	Other cats	Dogs	At the vet office
<input type="checkbox"/> Friendly						
<input type="checkbox"/> Playful						
<input type="checkbox"/> Plays Rough						
<input type="checkbox"/> Cuddly						
<input type="checkbox"/> Vocal						
<input type="checkbox"/> Tolerates						
<input type="checkbox"/> Shy						
<input type="checkbox"/> Hides						
<input type="checkbox"/> Aggressive						

Feeding and Litter box Information*(Please check all that apply)*

What type of food does the cat eat?

- Canned cat food
 Dry cat food

Brand: _____
 Brand: _____

How often/much is the cat fed?

- Once daily
 Twice daily
 Free Fed

Amount: _____ Time Fed: _____
 Amount: _____ Time Fed: _____

Would you describe the cat as a picky eater?

- Yes No

Does the cat have any favorite treats? _____

What type of litter box has the cat used?

- Uncovered Covered with a door Covered with NO door Did not use one

What type of litter is the cat used to?

- Clay Clumping Pine None Other: _____

Exercise and Play Information

(Please check all that apply)

Was a scratching post provided? Yes No Does the cat use a scratching post? Yes No

What type of surface does the cat prefer to scratch on?

- Carpet Upholstery Cardboard
 Sisal Fiber Wood Other: _____

When scratching, does the cat prefer surfaces that are:

- Horizontal/flat Vertical/ upright Slanted/on an angle

What types of items does the cat play with?

- Toy mice Strings Feathers Balls Live prey (bugs, mice, birds, etc.)
 Other: _____

Is the cat's play style:

- Gentle-no scratching or nipping Average-with some nipping or scratching
 Rough-scratches, bites but doesn't break skin Ambush/stalking style

What is the cat's activity level? Low energy Average Extremely active

When is the cat most active? Daytime Evening Nighttime Always active

Behavioral Information

(Please check all that apply)

Does the cat ever give "love bites"? Yes No (this does not mean the cat is un-adoptable)

If yes, are the bites: Soft Medium Hard Has broken skin

Does the cat display any of the following "don't pet me" behaviors?

- Swishes tail Twitches ears Flattens ears
 Ripples back Narrows eyes Other: _____

If you did discipline the cat, what was it disciplined for?

- Litter box accidents Getting on counters/tables Scratching furniture
 Eating plants Scratching/biting people Bothering other pets
 Night time activity Other: _____

What method(s) were used to discipline the cat?

- Verbal correction Physical correction Squirt bottle
 Did not discipline Timeout in crate/carrier Put the cat outside
 Ignore the behavior Other: _____

Behavioral information

(Please check all that apply)

Is the cat afraid of, or do any of the following, make the cat nervous or act differently?

- | | | |
|--|---|---|
| <input type="checkbox"/> Cat carriers | <input type="checkbox"/> Women | <input type="checkbox"/> Children |
| <input type="checkbox"/> Nail clippers | <input type="checkbox"/> Going to the vet | <input type="checkbox"/> Going in the car |
| <input type="checkbox"/> Men | <input type="checkbox"/> Brushing | <input type="checkbox"/> Bathing |
| <input type="checkbox"/> Strangers | <input type="checkbox"/> Loud noises | <input type="checkbox"/> The vacuum |
| <input type="checkbox"/> Other animals | <input type="checkbox"/> Other: _____ | |

How does the cat behave when it is afraid? Hides Shakes Bites Other: _____

Does the cat have any of the following behaviors?

- | | |
|---|---|
| <input type="checkbox"/> Spraying urine | <input type="checkbox"/> Fighting with other cats or pets |
| <input type="checkbox"/> Peeing around the house | <input type="checkbox"/> Too affectionate |
| <input type="checkbox"/> Getting on counters and tables | <input type="checkbox"/> Scratches people |
| <input type="checkbox"/> Scratching furniture | <input type="checkbox"/> Bites people |
| <input type="checkbox"/> Chewing on electrical cords | <input type="checkbox"/> Eating plants |
| <input type="checkbox"/> Escaping outside | <input type="checkbox"/> Meowing/vocalizing excessively |
| <input type="checkbox"/> Other: _____ | |

Overall how would you describe the cat?

- | | | | |
|------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Friendly | <input type="checkbox"/> Hyper | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Cuddly | <input type="checkbox"/> Clingy | <input type="checkbox"/> Playful | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Dependent | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Shy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Other: _____ |

Please list any additional information you would like us and/or any potential adopters to know about the cat:
