



Cat Intake Behavior Form

Please fill out this form completely to aid us in finding a new home for your pet.

Cat's Name: _____

How old are they? _____ Is your Cat spayed/neutered? Yes No

How long have you had this pet? _____

Has your cat ever been to the vet? _____

If so, who is your cat's vet? _____

How does your cat act at the vet? _____

What vaccines does your Cat have? Rabies FVRCP FeLV Vaccine Unknown

When were the vaccines given? _____

What is your Cat's medical history? _____

Where did you get your pet? Friend Family Pet Alliance Other Shelter Other _____

Where does your cat live? Inside Outside Both

If your cat lives primarily inside, have they ever been outside? Yes No

Does your cat use the litter box? Yes No

Does your cat need a special type of litter or type of box (i.e. open or closed)? _____

Does your cat spray or mark? Yes No

PLEASE CONTINUE TO NEXT PAGE

What type of food does your cat eat? Canned Dry Both

What brand(s) of food does your cat eat? _____

Does your cat like to sit in your lap? Yes No Sometimes

Does your cat like to be picked up? Yes No Sometimes

Can you brush/groom your cat? Yes No Sometimes

Can you clip your cat's nails? Yes No Sometimes

Is your cat playful? Yes No Sometimes

What activities does your cat like? _____

How would you describe your cat's activity level? High Moderate Low

Describe your cat's behavior around:

Women: _____

Men: _____

Children: _____

Dogs: _____

Cats: _____

Other: _____

Has your cat ever bitten anyone? Yes No If so, did it break skin? Yes No

Describe what causes your cat to act aggressively? _____

Is there any other information you would like us or the adopter to know? _____

Thank you!