



PET ALLIANCE
of Greater Orlando

Cat Intake Behavior Form

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

Cat Name: _____

How long have you had this pet? _____

Is your Cat spayed/neutered? Yes No

Who is your Cat's vet? _____

How does your Cat act at the vet? _____

What vaccines does your Cat have? Rabies FVRC-P Unknown

When were they given? _____

What is your Cat's medical history? _____

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

Does your Cat primarily live Inside Outside Both

Does your cat use the litter box? Yes No

What type of litter and litter box does your cat use? _____

Does your cat spray or mark? Yes No

Is your cat crate trained? Yes No

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

What brand(s)? _____

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

Does your cat like to be picked up? Yes No

Can you brush/groom your cat? Yes No

Can you clip your cat's nails? Yes No

Is your cat playful? Yes No

What activities does your cat like? _____

Does your cat bite or scratch people or pets? Yes No

Describe what causes your cat to act aggressively? _____

Describe your cat's behavior around:

Women: _____

Men: _____

Children: _____

Dogs: _____

Cats: _____

Other: _____

How would you describe your cat's activity level? _____

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

Thank you!