



**PET ALLIANCE**  
of Greater Orlando

# SHELTER INTAKE FORM - CAT

## Requirements at Intake:

- ✓ Valid ID or owner surrender form plus copy of owners ID.
- ✓ Medical records including rabies certificate.
- ✓ Completed profile to assist adopters with selecting a new pet.

## GENERAL INFORMATION

1. Cat's Name: \_\_\_\_\_
2. Age (birthday if known): \_\_\_\_\_
3. Sex:  Female  Male      Spayed/Neutered:  Yes  No  Unknown
4. Where did you acquire your cat? \_\_\_\_\_
5. How long have you had your cat? \_\_\_\_\_
6. What issues are you having with keeping your cat?  
 Pet's Behavior    Pet's Health    Owner's Health    Finances    Housing    Family

## MEDICAL & DIETARY INFORMATION

1. When was the last time your cat was seen by a veterinarian? \_\_\_\_\_
2. Name of clinic: \_\_\_\_\_      Phone Number: \_\_\_\_\_
3. Cat's current medications: \_\_\_\_\_
4. Describe any past or present health problems or injuries: \_\_\_\_\_  
 \_\_\_\_\_
5. List any allergies your cat may have: \_\_\_\_\_
6. Food and schedule:  Dry  Canned  Table Scraps  Prescription  Other \_\_\_\_\_  
 Free fed    Feeding Schedule: \_\_\_\_\_      Brand(s): \_\_\_\_\_  
 Favorite treats : \_\_\_\_\_

## PERSONALITY PROFILE

1. What is your cat's personality like?  
 Cuddly       Affectionate       Mouthy       Curious       Energetic/Active       Jumpy  
 Playful       Independent       Goofy       Talkative       Calm/Gentle       Outgoing  
 Shy       Couch Potato       Fearful       Other \_\_\_\_\_
2. What does your cat like to play with:  
 Balls    Cat nip    Mice    Crinkle    Cat wands    Laser pointer    Boxes    Bags    Water    Other cats  
 Dogs    His/her tail    Things I can't see    Other \_\_\_\_\_
3. What activities does your cat enjoy?  
 Climbing cat towers/shelves    Sleeping    Snuggling    Hiding    Running    Wrestling    Swimming  
 Observe nature    Sunbathing    Cat scratcher    Fetch    Other \_\_\_\_\_

# HOME ENVIRONMENT AND BEHAVIOR

**1. Including yourself, indicate the ages of people your cat has lived or interacted with:**

- Seniors  Adults  Children under 5 years  Children 6-12 years  Children 13-17 years

**2. How does your cat react to children:**

- Friendly/Playful  Avoids  Fearful  Unpredictable  Roughhouses  
 Calm/Easygoing  Snappy  Swats  Growls/Hisses  Never been around

**3. Please indicate which animals your cat is compatible with:**

- Dogs (*circle all that apply*) Male / Female / Small / Large / Puppy / Adult / Senior  
 Cats (*circle all that apply*) Male / Female / Kitten / Adult / Senior  Other \_\_\_\_\_

**4. How does your cat behave around other animal(s):**

- Friendly/Playful  Tolerates  Cautious  Easygoing  Fearful  Grooms  
 Growls/Hisses  Snappy  Roughhouses  Chases  Avoids  Swats  
 Unpredictable  Respectful  Resource guards with (*circle all that apply*) Food / Toys / Treats

**5. Describe your cat's behavior when:**

- Bathed**  Calm  Excited  Fearful  Does not allow  Other \_\_\_\_\_  
**Nails trimmed**  Calm  Excited  Fearful  Does not allow  Other \_\_\_\_\_  
**Picked up**  Calm  Excited  Fearful  Does not allow  Other \_\_\_\_\_  
**Handled by vet**  Calm  Excited  Fearful  Does not allow  Other \_\_\_\_\_

**6. Does your cat display any of the following behaviors?**

- Scratches inappropriate things  Sprays  Vocalizes  Escapes  Plays rough  Chews wires  Hides  
 Other \_\_\_\_\_

**7. Does your cat use the litterbox all the time?**  Yes  No, explain \_\_\_\_\_

**8. Type of litter:**  Clumping clay  Non-clumping clay  Pellet  Crystal  Other \_\_\_\_\_

**9. Type of litterbox:**  Covered  Open  Automatic  Other \_\_\_\_\_

**10. Where does your cat:**

- Live**  Inside home  Inside garage  Outside free roaming  Outside fenced area  
**Sleep**  On furniture  Outside  Warm place  Cat bed  On people  On other pet  In hidden area

**11. Is your cat frightened of anything?**

- Men  Women  Children  Strangers  Vet/Groomers  Fireworks  Thunder  Vacuum  Carriers  
 Bikes/Skateboards  Cars  Loud voices/Yelling  Being left alone  Other \_\_\_\_\_

**12. Has your cat ever scratched or bitten a person or animal?**  No  Yes, give details \_\_\_\_\_

**13. Please describe any body parts your cat does not like being touched and what is the reaction:** \_\_\_\_\_