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: _____