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 □ Cat scratcher □ Other __________________________
3. What activities does your cat enjoy?
   □ Climbing cat towers/shelves □ Sleeping □ Snuggling □ Hiding □ Running □ Wrestling □ Swimming
   □ Observe nature □ Sunbathing □ Fetch □ Watch TV □ 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 date & details

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