

AID #: _____
Date: _____
DAS ID#/Initials: ____/____



Name of Cat _____

Completing the information below will help us get to know your cat better

Reason for surrendering this cat: _____

How long have you had this cat? _____ Where did you get this cat? _____

Did you get your pet from a Rescue or Animal Shelter? If so please list name here: _____

What Veterinarian(s) have you used? _____ May we contact your Veterinarian(s) **Yes No**

Cat is: Litter trained _____ Litter trained occasionally has accidents _____ Sprays in the house _____

What type of litter did you use? _____

This cat lives: Exclusively indoors _____ Indoor/Outdoor _____ Exclusively outdoors _____

Where does cat sleep at night? _____

Is this cat declawed? _____ The cat's favorite toys and activities are: _____

This cat has lived in the same household with (check all that applies): Other cats _____ Dogs _____ Birds _____ Others _____

Children _____ Ages _____ Other pets _____ What kind? _____

How did this cat get along with all the above? _____

This cat is compatible with: Other cats _____ Dogs _____ Children _____ Other _____

Circle as many of the following that describe the cat's behavior and habits:

- Lap Cat Likes being groomed Playful Likes being held Outgoing/friendly Walks on leash Calm/sedate*
Independent Shy of strangers Feisty and active Meows a lot Uses Scratching Post Scratches furniture
Fights w/cats Claws/bites playfully Hunts rodent/birds Independent

Has this cat ever Snapped _____ or Bitten _____ When/why? _____

The cat's diet is: Wet _____ Semi-wet _____ Dry food _____ Brand of food given _____

The cat's feeding time is A.M. _____ P.M. _____ or throughout the day _____

Does this cat have any medical conditions that you are aware of? If yes, please list: _____

Please list any medications he/she is currently taking: _____

Is there anything else we should know about this cat? _____