Cat Intake Profile

The information provided here will help us in evaluating and finding the best possible home for your cat. Please be as detailed as possible. Thank you.

Cat’s Name: _______________ Breed: __________ Age: _________ Sex: ________
Spayed/Neutered: □ Yes □ No
How long have you owned this cat? ______
Does your cat have a:     □ Microchip     □ Tattoo     □ None
Microchip Number:__________________________
Has this cat lived with: (check all that apply) □ Dogs □ Other Cats □ Children
This cat lives: □ Indoors □ Outdoors □ Both
If indoors, does this cat try to escape? _____ or No?
Does this cat normally eat: □ Dry Food □ Wet Food Brands _________________

Behavior Information

Is this cat litterbox trained? □ Yes □ No □ Partially
Does this cat ever mark outside the litterbox? □ Yes □ No □ Sometimes
What type of litterbox is this cat used to? □ Closed/covered □ Uncovered □ Other
_______________________________________________________________________
What type of litter is this cat used to? □ Clay □ Clumping □ Crystals □ Other
________________________________________________________________________

Does this cat like to play with toys? □ Yes □ No
If yes, what kind of toys? ____________________________________________________

Does this cat use a scratching post? □ Yes □ No
If yes, what kind? □ Carpet □ Sisal rope □ Cardboard □ Wood □ Cat Tree
Has this cat ever bitten anyone?  □ Yes  □ No

If yes, please explain in detail:

________________________________________________________________________

Does this cat display any type of destructive behavior?  □ Yes  □ No

If yes, what is this behavior and when does it occur?

________________________________________________________________________

How does this cat get along with the following? You may use terms such as friendly, social, loves, fearful, barks, growls, snaps, bites, attacks, unknown, etc.

Men:

________________________________________________________________________

Women:

________________________________________________________________________

Strangers:

________________________________________________________________________

Babies:

________________________________________________________________________

Children:

________________________________________________________________________

Cats:

________________________________________________________________________

Dogs:

________________________________________________________________________

What, if anything, is your cat afraid of?

________________________________________________________________________

Medical Information

Please provide the name and contact information for your veterinarian:

________________________________________________________________________

When was this cat last seen by a veterinarian? ________________________________

Has this cat ever required special surgery or medical attention?  □ Yes  □ No
If yes, please explain:
_____________________________________________________________________

Is your cat on any special medication? □ Yes □ No If yes, what medication?
_____________________________________________________________________

Has your cat been diagnosed with and/or treated for any of the following?
□ Allergies □ Seizures □ Urinary tract infection □ Bladder stones □ Diabetes
□ Cancer □ Deafness □ Tumors □ Thyroid disease □ Organ failure
□ Arthritis □ FIV □ FeLV □ FIP □ Ringworm □ Other (please explain)
_____________________________________________________________________

If yes for any of the above, please elaborate:
_____________________________________________________________________

Is this cat declawed? □ Yes □ No

Any other information you would like us to know about this cat:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________