

## CAT INFORMATION SHEET

Date \_\_\_\_\_ Animal ID# A \_\_\_\_\_

Owner's Name \_\_\_\_\_ Home # ( ) \_\_\_\_\_ Alternate # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cat's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Special Markings \_\_\_\_\_ Sex : Male  Female  Neutered / Spayed Yes  No

❖ Why are you surrendering this cat? Moving  Death in family  Allergies  Financial Reasons  Other  \_\_\_\_\_

❖ Do you have proof of vaccination? Yes  No  ❖ How long has this cat lived with you? \_\_\_\_\_

❖ Where did you get this cat? ASPCA  Friend/ Relative  Pet Shop  Found /Stray   
Other shelter/humane society  Breeder  Other  \_\_\_\_\_

❖ Do you ever let this cat outdoors? Yes  No  Where? \_\_\_\_\_ (yard, terrace, etc.)

❖ How many hours a day is this cat used to being alone? 1-2 hrs  2-4 hrs  4-6 hrs  6-8 hrs  8-10 hrs  Other  \_\_\_\_\_

❖ Where do you leave the cat when no one is home? Crate  Confined Area  Basement  Free run/not confined   
Other  \_\_\_\_\_

❖ How does this cat react to being left alone? Doesn't mind  Cries/Meows  Scratches furniture  Knocks things down   
Other  \_\_\_\_\_

❖ Does this cat use a scratching post? Yes  No   
If no, where does this cat like to scratch? Explain \_\_\_\_\_

❖ Does this cat enjoy playing with toys? Yes  No  If yes, What are his/her favorite toys? \_\_\_\_\_

❖ Can you pet this cat while it's playing? Yes  No  Sometimes

❖ Can you pet your cat immediately after playing? Yes  No   
How does he/she react? Doesn't mind  Gets wild  Scratches/Bites

❖ Does this cat use its litter box at all times? Yes  No

❖ How often does this cat have accidents? Once a day  Once a week  Never  Only when left alone too long   
Other  \_\_\_\_\_

❖ Has this cat ever urinated or defecated on or in the: Couch  Bed  Next to litter box  Rug  Laundry basket  Bathtub   
Corner of room  Other  \_\_\_\_\_

❖ How have you dealt with accidents? Confinement  Kept outside  Crating  Punishment  (Explain ) \_\_\_\_\_  
Other  \_\_\_\_\_

❖ What type of litter do you use? Clumping  Clay  Other  \_\_\_\_\_ Brand \_\_\_\_\_

❖ Did this cat ever receive medical treatment for house soiling? Yes  No

❖ How does this cat react to bathing and/or brushing? Enjoys  Tolerates  Dislikes  Never Tried

❖ Will this cat allow you to clip his/her nails? Yes  No  Never tried

