



CAT INTAKE - BEHAVIOR OBSERVATIONS

Cat's Name _____ Cat's A# _____

Reason why this cat is being surrendered _____

1. What type of people live in the home with this cat?

- Children under 12 Teenagers Men Women Seniors

2. How often does this cat interact with people who do not live in your home?

- Never Once per year Once per month Once per week Every day

3. What are this cat's **FAVORITE ACTIVITIES**?

4. What are this cat's **FAVORITE TOYS**?

5. What are this cat's **FAVORITE TREATS**?

6. What would you say are this cat's **BAD HABITS**?

7. Do you have a scratching post available for this cat? YES NO (If yes, please answer questions below.)

What material is the scratching post made of? _____

Does the cat use this scratching post reliably or does he prefer to scratch on other surfaces? _____

If other surfaces, please give examples of those: _____

8. List below the **VETERINARY PRACTICE(S)** and **CLINIC(S)** that have seen this cat (or write NONE).

9. List below any **MEDICATIONS** or **SUPPLEMENTS** this cat is currently being given (or write NONE).

10. List any **SURGERIES** this cat has had (or write NONE).

11. List below any **CHRONIC CONDITIONS** such as ear infections, skin infections, etc. (or write NONE).

12. What **TYPE OF FOOD** does this cat eat? **HOW MUCH** is fed and **HOW OFTEN** do you feed?

13. What is this cat's **EATING STYLE**?

Eats food all at one time Grazes throughout the day Picky with eating

14. Does this cat use the litter box 100% of the time? YES NO

If you answered no, check any of the following that this cat does.

Pees outside litter box Poops outside litter box Marks/sprays around house Outdoors only
(no box indoors)

15. What style litter box does this cat use?

Low-sided, open entry Covered Top entry

16. Is your litter scented? YES NO What style litter does this cat use?

Clumping clay Unclumping clay Pine pellets Crystals

17. How often do you clean this cat's litter box?

Daily Every few days Multiple times a day Weekly

18. Where does this cat spend its time? You can check more than one.

Indoors Catio Outdoors In the basement

19. Is there anything this cat is afraid of? YES NO

If you answered yes, how does this cat react to the thing that he/she fears?

20. Please answer the following yes or no questions about **THIS CAT AND OTHER ANIMALS**.

OTHER CATS

Has this cat been around other cats? YES NO

Would you recommend that this cat live with other cats? YES NO

Has this cat ever caused injury or death to a cat? YES NO

SMALL ANIMALS

Has this cat been around small animals such as bunnies, guinea pigs, etc? YES NO

Would you recommend that this cat live with small animals? YES NO

Has this cat ever caused injury or death to a small animal? YES NO

DOGS

Has this cat been around dogs? YES NO

Would you recommend that this cat live with dogs? YES NO

Has this cat ever caused injury or death to a dog? YES NO

21. If this cat is currently living with or has lived with any of the animals mentioned in Question 20, please describe the relationship.

22. Please circle any of the words or phrases listed below that accurately describe this cat.

Friendly	Affectionate	Independent	One-person cat	Likes to be held
Likes to be brushed	Plays roughly	Tries to escape outside	Hides a lot	Vocal

23. Describe the ideal home for this cat.

24. If this cat is a stray, how did you bring this cat into the Shelter?

Trapped in a humane cat trap Walked into my house Picked up, brought in

25. If this cat is a stray, how long have you seen it where you found it? _____

Do you have any idea of who its owner currently is or previously was? _____