



Cat Intake Profile

The information provided here will help us evaluate and find your cat the best possible home. 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? Yes 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, love, 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:

If this animal becomes a candidate for euthanasia, I would like to be contacted before euthanasia takes place.

Yes No

I certify that the above information is truthful and complete.

Signature of Owner or Person Presenting Cat

Printed Name and Date

Additional Staff Notes:

Staff Member Completing Admission

Printed Name and Date