



## **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:

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

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

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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:

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Women:

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Strangers:

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Babies:

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Children:

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Cats:

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Dogs:

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What, if anything, is your cat afraid of?

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### **Medical Information**

Please provide the name and contact information for your veterinarian:

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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:

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

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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)

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If yes for any of the above, please elaborate:

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Is this cat declawed?    ☐ Yes    ☐ No

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

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I certify that the above information is truthful and complete. I attest that I am the owner of (or person responsible for) the animal described above. I give Halifax Humane Society complete authority to determine the appropriate disposition of this animal in what manner they deem appropriate up to and including euthanasia.

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Signature of Owner or Person Presenting Cat

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Printed Name and Date

Additional Staff Notes:

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Staff Member Completing Admission

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Printed Name and Date