



**Cat Information**

Cat's Name: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered:  Yes  No

Age: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Coloring: \_\_\_\_\_

**Owner Information**

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Surrender Details**

Why are you surrendering your pet?

\_\_\_\_\_

How long has your cat lived with you? \_\_\_\_\_

Where did you get your cat?

- Shelter/Rescue  Media Ad  Friend/Family  Stray/Found  Breeder
- Pet Store  Born at home

Have you contacted the rescue or breeder about returning the cat?

- Yes, but unable  Attempted, no response  No

Have you tried to rehome your cat on your own?  Yes  No

Is temporary housing an option (short term placement with friend or family)  Yes  No

**Living Situation**

Where is the cat kept?

- Outdoors  Indoors  Confined to a room  Cattery/Patio  Both indoors/outdoors

Has your cat successfully lived with other animals? (check all that apply)  Small dogs

- Large dogs  Cats  Small mammals (hamster, rabbit)  Birds  Reptiles
- Livestock

Has your cat ever struggled to live with any other animals?  Yes  No

If Yes describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your cat successfully lived with children? If so, what ages? (Check all that apply)

- 0-3 years  3-6 years  6-11 years  11-15 years  15 years and older

### Feeding information

What type of food does your cat like to eat?

- Dry food (kibble)    Wet food (Pâté)    Combination wet/dry    Raw diet

What type of treats does your cat like? (Check all that apply)

- Crunchy (temptations)    Soft treats    Squeezable (Churu)

### Water preferences

How does your cat currently drink water?

- From a ceramic or stainless-steel bowl?    From a pet fountain?  
 From a wall mounted or elevated bowl?

### Litterbox and substrate preferences and behaviors

What type of litterbox does your cat prefer?

- Traditional basic rectangular    Covered    Self Cleaning/robotic    Top Entry  
 Low entry (lower boxes for senior or disabled cats)

What type of substrate (litter) does your cat prefer?

- Clumping clay    Non-clumping clay    Silica Gel Crystals    Recycled paper    Pine  
 Wheat    Corn    Grass    Walnut shell

Is your cat litter box trained?  Yes    No    Somewhat

Does your cat ever eliminate outside the litter box?  Yes    No

If Yes, what have you tried to correct the issue? \_\_\_\_\_

### Toy Preferences

Does your cat like to play?  Yes    No

What toy(s) does your cat prefer most?

- Feather    Balls    Mouse like    Laser pointer    Tunnels    Wand  
 Interactive (moving toys)    Puzzle    Motion mats

Does your cat use a cat scratcher?  Yes    No

What type of scratcher does your cat prefer most?

- Cardboard    Carpet    Sisal    Rope    Wood    Tower    Cat tree

### Handling Preferences

Does your cat like to be pet?  Yes    No

Where does your cat like to be pet?

- Top of head    Side of face/cheeks    Chest    Back    Rear    Tail    Belly

Is there anywhere your cat does **NOT** like to be pet?

- Top of head    Side of face/cheeks    Chest    Back    Rear    Tail    Belly  
 Legs/feet

Does your cat like to be picked up and held?  Yes    No

Does your cat tolerate handling (picking up and petting) **ONLY** for a limited amount of time?

- Yes    No

If Yes to the above question, how much time before the cat declines interaction? (walking away, struggling if held, hissing, swatting, etc?) \_\_\_\_\_

What is your cat's way of telling you they no longer want interaction?

- Runs away or tries to run away    Growls    Hisses    Swats    Scratches or attempts to scratch    Bites or attempts to bite

### Behavior and Husbandry

Does your cat like to be brushed?  Yes    No

Does your cat tolerate nail trims?  Yes    No

Has your cat displayed any type of destructive behavior?  Yes    No

If Yes, what is the behavior and when does it occur? \_\_\_\_\_

Is your cat fearful of anything? (Mark all that apply)

- Not fearful of anything    Loud noises    Unfamiliar people    Sudden movements  
 Unfamiliar animals    Changes in environment    Children    Other: \_\_\_\_\_

How does your cat interact with the following:

Interaction With	Friendly Behaviors	Plays With	Neutral	Runs From / Hides	Hisses At	Swats At	Bites or Attempts
Men							
Women							
Children							
Strangers							
Dogs							
Cats							

Has your cat ever bitten anyone?  Yes  No

If Yes, what were the circumstances of the bite? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical History

Veterinarian/Clinic: \_\_\_\_\_

Last Vet Visit: \_\_\_\_\_

Has your cat required special medical care?  Yes  No

If yes,  
explain: \_\_\_\_\_  
\_\_\_\_\_

Has your cat been diagnosed with and/or treated for any of the following?

- Allergies  Seizures  Urinary Tract Infection  Bladder Stones  Diabetes  
 Cancer  Deafness  Blindness  Tumors  Thyroid Disease  FIV  
 FeLV  Ringworm  Arthritis  FIP  Organ Failure  
 Other: \_\_\_\_\_

Is your cat on any long term medication?  Yes  No

If Yes, what is the Medication? \_\_\_\_\_

Is your cat declawed?  Yes  No

Is your cat easily handled by veterinary staff?  Yes  No  Unknown

Why did you initially get your cat?

- Barn Cat  Companionship for human  Companionship for another animal  
 Other: \_\_\_\_\_

Is there anything else you want us to know about your cat?

\_\_\_\_\_  
\_\_\_\_\_

### Certification

I certify that the information provided is truthful and complete and authorize Halifax Humane Society to determine disposition.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Completing Admission: \_\_\_\_\_ Date: \_\_\_\_\_