

## Cat Admission Profile

Cat's Name \_\_\_\_\_

Intake # \_\_\_\_\_

Breed or markings \_\_\_\_\_

Age \_\_\_\_\_

Where did you get your cat?  breeder  pet shop  humane society  friend  other \_\_\_\_\_

Sex:  Male  Female

Has your cat been sterilized?  Yes  No

Has your cat been declawed?  Yes  No

If yes  front paws only  all four paws

How long have you owned the cat? \_\_\_\_\_

How would you describe your cat's behavior most of the time?  very active  couch potato  friendly to family  friendly to visitors  shy to family  shy to visitors  playful  talkative  quiet  affectionate  destructive  other \_\_\_\_\_

Does your cat use the litter box?  always

sometimes

never

If sometimes, how often does your cat make mistakes? \_\_\_\_\_

How many litter boxes did your cat have access to? \_\_\_\_\_

How often were the box(es) cleaned?  daily  weekly  monthly  when needed

What kind of litterbox did your cat use?  open  hooded  other \_\_\_\_\_

What kind of litter was provided for your cat?  sand-like  clumping  litter  clay  other \_\_\_\_\_

Was the litter  scented  unscented  don't know

Where were the litterboxes located? (if the cat lived in a multi-level home or apartment please indicated on which floor the boxes were kept, as well as location) \_\_\_\_\_

What and when was your cat fed?(specific brand)  dry  moist

Brand? \_\_\_\_\_

Does your cat like to cuddle?  always  sometimes  never

Does your cat like to sit on your lap?  always  sometimes  never

Does your cat like other cats?  yes  no  don't know

Is your cat from a single cat household?  yes  no

If no, how many cats has your cat been in contact with on a regular basis? \_\_\_\_\_

Has your cat ever been in a severe cat fight in which either cat was injured?  yes  no

If yes, please explain \_\_\_\_\_

Has your cat ever been in contact with dogs?  yes  no

If yes, does your cat get along with dogs?  yes  no

Has your cat ever been exposed to other pets?  yes  no If yes, please list \_\_\_\_\_

Has your cat ever been around children?  yes  no If yes, please give children's ages \_\_\_\_\_

Was your cat allowed to roam outside unattended?  yes  no

When you were gone was your cat  loose in the house  let outside  restricted to one or two rooms  tied out in yard  other \_\_\_\_\_

Has your cat ever used a scratching post?  yes  no

Does your cat ever scratch furniture, fabric, wood? \_\_\_ yes \_\_\_ no

Has your cat ever bitten or scratched someone? \_\_\_ yes \_\_\_ no If yes, please explain \_\_\_\_\_

Does your cat \_\_\_ play bite \_\_\_ chew plants \_\_\_ climb curtains

What does your cat enjoy doing? \_\_\_\_\_

If your cat accustomed to \_\_\_ bathing \_\_\_ nail clipping \_\_\_ ear cleaning \_\_\_ brushing/combing

Does your cat ever spray? \_\_\_ yes \_\_\_ no If yes, please explain where and when \_\_\_\_\_

Have there been any recent changes to your household or routine? (new baby, new pet, new cat in neighborhood, furniture moving, visitors, etc.)

Does your cat have any medical problems that you are aware of? \_\_\_ yes \_\_\_ no  
If yes, please explain \_\_\_\_\_

Is your cat current on its vaccinations? \_\_\_ yes \_\_\_ no Rabies? \_\_\_ yes \_\_\_ no

Has your cat been tested for Feline Leukemia? \_\_\_ yes \_\_\_ no

If your cat currently on flea treatment? \_\_\_ yes \_\_\_ no Product applied \_\_\_\_\_ Date \_\_\_\_\_

Where did your cat received veterinary care from? \_\_\_\_\_  
Whose name is the record in? \_\_\_\_\_

What, if any, behavioral problems does your cat have?

What are the two things you like most about your cat's behavior?

1. \_\_\_\_\_
2. \_\_\_\_\_

What are two things you dislike most about your cat's behavior?

Why are you surrendering your cat to the R-H SPCA?

What would have to happen for you to keep your cat?