

Cat History Intake Form



Adoption Return/Surrender

Less than 30 days

Over 30 days

Public Guardian Surrender

Guardian Name	
Address	
Phone Number	
Cat's Name	How long have you had this cat?
Age	Male Female Neutered / Spayed?
Breed	Veterinarian Name & Phone #

Why are you giving up your cat?

Moving Allergies Litterbox New Baby Biting/Scratching No Time

Not getting along with other pets (explain): _____

Not getting along with family members (explain): _____

Behavior Issues: _____

Other: _____

How did you obtain this cat?

KKH Adoption Other Shelter/ Rescue: _____

Newspaper/ Internet Friend Breeder

Found Stray Gift

How was your cat raised?

With Children Single cat With dog(s)

Quiet, adult home With other cat(s) With cat(s) and dog(s)

Where is the cat kept at the home?

Where does this cat spend its time?

Inside Only Outside Only Outbuilding (garage, shed)

Inside *and* Outside: When is this cat inside? _____ When is this cat outside? _____

If this cat goes outside, how does it get out?

Cat Door Window Person lets out Other: _____

Does this cat have any favorite daytime perching spots? _____

If this cat is restricted to/from any areas? Yes No

Please explain: _____

Where does this cat sleep at night?:

Inside - Where? _____ With whom? _____

Outside - Where? _____ With whom? _____

When alone, has the arrangement above been successful? Yes No

If no, explain: _____

Feeding Information

What type of food does this cat eat and how often?

Type: Dry Kibble Only Canned Food Only Dry & Canned
Special Diet: _____ Brand: _____
How often: Once daily Twice daily Free Fed Amount: _____

Does this cat have any favorite treats? _____

Exercise, Play and Behavior Information

[check all that apply]

Does your cat receive regular play time with people? Yes No

What types of items does your cat play with?

Cat Toys String Feathers Balls Bugs, birds, mice, etc. Other: _____

Does your cat use a scratching post? Yes No

What type of surface does your cat prefer to scratch on?

Cat Tree Scratching Post Cardboard scratcher Jumping on People

Carpet Upholstery Wood Drapes/Curtains

Vertical/Upright surfaces Horizontal/flat surfaces Other: _____

Is this cat's activity level: Low energy Medium energy Extremely active

Is this cat most active: Daytime Nighttime Both

Does your cat have any areas it doesn't like to be touched?

Head Back Tail

What makes this cat nervous, or causes it to behave in a different manner than usual?

Men Women Children Strangers Going to the vet Going in the car

Cat Carriers Bathing Brushing Nail Clipping Other cats

Other Animals: _____ Other: _____

Does your cat have a preference for? Men Women Children Animals:

How would you describe this cat overall? [check all that apply]

Calm Friendly Playful Curious Vocal Cuddly Clingy

Outgoing Standoffish Shy Fearful Confident Dependent

Independent Aggressive Other: _____

Litter Box Information - If applicable

Number of cats in your home? _____ Number of litter boxes in your home? _____

What size and type of litter box do you use?

Covered Uncovered Other: _____

Type of litter? [check all that apply]

Clay Pine Litter Pellet Crystals or pearls Scoop-able

Scented Unscented Other: _____

The litter box is?

Scooped:	Daily	Weekly	Monthly	When it smells bad
Dumped:	Daily	Weekly	Monthly	When it smells bad
Cleaned:	Daily	Weekly	Monthly	When it smells bad

What do you use to clean the litter box (bleach, pine sol, detergent, exyme, etc.)? _____

Where is the litter box located?

[check all that apply]

Main Floor	Second Floor	Basement	Bedroom	Laundry Room
Kitchen	In a closet	Under furniture	Bathroom	Outside

Is your cat litter box trained? Yes No

If no, explain: _____

Has your cat ever had an accident outside the litter box? Yes No Urine Feces Both

If yes, where was the accident?

[check all that apply]

Next to the box	On carpet or rug	On clothes/towels/ bedding
On furniture	In bathtub/ shower	Spraying on vertical surface
Other:	_____	

How often were these accidents?

Daily Few times / week Couple of times month Monthly Few times year

Other: _____

Any recent changes in household or routine?

Moved New baby Work hours New pet Construction

Has your cat seen a veterinarian for this problem? Yes No

Was the problem resolved? Yes No - ongoing problem Only occasional relapse

Other Information

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

Please describe the ideal home you would like for this cat:
