

My Cat's History



_____ spayed/neutered
 Cat's Name _____ Age _____ Gender _____
 Breed: _____ Declawed: **Yes No** Front / All feet _____

Where did you get your cat?

_____ Internet/Craigslist _____ Newspaper _____ Breeder/Pet Store
 _____ Family/Friend _____ Born at home _____ Found Stray
 _____ Other Shelter/Rescue _____ CMHS _____ Other: _____

Why have you decided to give up your cat? (*please explain further on other side)

_____ Moving _____ Not Using Litterbox _____ Not Enough Time
 _____ Your Health _____ New Baby/Child _____ Cat's Health/Age
 _____ Biting* _____ Behavior Issues* _____ Issues w/ animals/people*

Veterinary History

_____ Vaccinations Current? **Yes No**
 Veterinarian/Clinic Name _____ Has your cat ever tested positive for FIV/FELV?
Yes No When: _____

Please describe any known medical conditions including current medications your cat is taking: _____

Behavior

How does your cat react or respond to the following?

	Friendly	Shy	Aggressive	Neutral	Playful	Fearful	Rough	Unknown
Kids (0-9)								
Kids (10-18)								
Men								
Women								
Dogs								
Cats								
Livestock								

Please take a few moments to complete the following questions about your cat.

The information you provide will help CMHS place your cat in the home most appropriate for him or her, as well as help us provide your cat with appropriate health care while he or she is in our care.

We will provide a copy of this to potential new owners as well.

Comments:

Does your cat have any behavior issues that a potential adopter should be aware of?

_____ Meowing loudly _____ Hissing a lot _____ Clawing furniture _____ Scratching people
 _____ Too needy _____ Fearfulness _____ Very active _____ Destructive
 Other: _____

Does your cat have any areas it DOESN'T like to be touched?

_____ Face/Head _____ Ears _____ Neck _____ Feet _____ Tail _____ Stomach _____ Other: _____

What does your cat do when these places are touched? _____ Bite _____ Scratch Other: _____

Do you consider your cat litterbox trained? Yes No

If no, please explain: _____

Could not using their litter box be a medical problem? Yes No If yes, has your cat seen the vet? Yes No

If yes, please explain: _____

What type of litter box does your cat use? ___ Covered ___ Uncovered ___ Electronic ___ Outside

How many boxes are in your home? _____ How many cats use them? _____

How often do you clean the litter box? ___ Daily ___ Weekly ___ Monthly ___ Other: _____

What type of litter does your cat use? ___ Scented ___ Unscented ___ Clumping ___ Pellets

Environment

When you are home where does your cat spend its time?

When you are away where does your cat spend its time?

*How much time does your cat spend outside? _____

Does your cat hide when people visit? Yes No

Has your cat ever lived with: ___ Kids (ages: _____) ___ Cats ___ Dogs ___ Livestock

Home	Location	Away
	Inside loose	
	Inside in one room	
	Pet Sitter/Boarding Facility	
	Outside loose*	

Playtime/Exercise

How often are you able to spend time interacting with your cat?

___ Daily ___ Every few days ___ Weekly ___ Every few weeks ___ Monthly ___ No time

With whom?

___ Just me

___ Children

___ Adults

___ Other pets

Favorite toys?

___ Noisy

___ Stuffed

___ Balls

___ Interactive

Type of play?

___ Gentle

___ Casual/Easy

___ Fun/Active

___ Rough

Activity?

___ Petting

___ Playing with toys

___ Sleeping

___ Cuddling

Other: _____

What type of situation would be ideal for your cat?

___ Staying at home with owner ___ Being around people all the time ___ Having outdoor access

___ Laying in someone's lap all day ___ Having other cats to play with ___ Playing w/ an active family

___ Enjoying life in a barn, chasing mice

What do you enjoy most about your cat?

What would you change about your cat?

Additional information that could be helpful to a new owner.