

Feline Intake Profile

Date: _____

Owner Name: _____ Owner Email: _____

Owner Phone: _____ Owner Address: _____

Cat's name: _____

Reason for Surrender:

1. Age _____ 2. How long have you had this cat? _____

3. Gender Male Female 4. Spayed or Neutered? Yes No

5. Has your cat been declawed? Yes No 6. If yes, which paws? Front Rear All four

Is your cat microchipped? Yes No If yes, please provide number: _____

7. How did you acquire your cat? Please provide as much information as possible.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Stray/found: _____ | <input type="checkbox"/> Breeder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rescue Group: _____ | <input type="checkbox"/> Newspaper/internet | |
| <input type="checkbox"/> Colony: _____ | <input type="checkbox"/> Pet store | |
| <input type="checkbox"/> Shelter: _____ | <input type="checkbox"/> Friend | |

8. Litter Box

a) Has your cat had any accidents urinating or defecating outside the litter box?
 Yes No

b) What **type of litter** do you use? Clay Scented
 Clumping Unscented
 Other _____

c) What **type of litter box** do you have? Covered (with a hood)
 Uncovered

d) How many litter boxes do you have? _____

9. Scratching post

What type of scratching post does your cat use? Check all that apply

- Sisal Vertical Scratches furniture Don't have one
 Wood Horizontal Scratches furniture (I allow it) Other _____
 Carpet Scratches carpet Cardboard

10. Handling- Please check all that apply

	Enjoys	Tolerates	Dislikes	Will bite/scratch
Petting face/neck				
Petting lower back				
Touching tail				
Touching paws				
Touching stomach				
Owners picking up				
Owners holding				
Brushing				
Strangers petting				
Strangers picking up				

11. How does your cat react to nail trims?

- No Problem Tolerates Aggressive Never tried

12. Other cats

	Playful/ Friendly	Aloof/ Tolerates	Took time to warm up	Aggressive (please explain)
Grew up with another cat (since a kitten)				
Introduced a new cat to this cat in your home				
Met a cat at friends house				
Saw another cat outside from the window				

Has your cat ever been exposed to other cats Yes No (If yes, please see below)

13. If 2 cats are being surrendered together

a) Do these cats:	
<input type="checkbox"/> Play together	<input type="checkbox"/> Sleep together
<input type="checkbox"/> Groom each other	<input type="checkbox"/> Just tolerate each other
b) Do you think the cats would do well in a cage together? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) How long have the cats been living with each other? _____	
d) Do you think the cats need to be re-homed together? <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. **Dogs**

Has your cat ever met or lived with a dog? Yes No **(If yes, see below)**

	Friendly	Aloof/ Tolerates	Took time to warm up	Hides	Aggressive (please explain)
Grew up with a dog (since a kitten)					
Introduced to a new dog in the home					
Introduced to a new dog in a different home					
Saw a dog outside					

15. **Children**

Has your cat ever met or lived with children? Yes No **(If yes, see below)**

	Friendly	Aloof/ Tolerates	Took time to warm up	Hid	Aggressive (please explain)
Grew up with children (since a kitten)					
New baby in the house					
Friends/family with children visited					
Stayed with another family with children					

16. Play

a) Does your cat like to play? Yes No

b) What type of play does your cat enjoy? **(Check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Chasing things on the floor | <input type="checkbox"/> Chasing things in the air |
| <input type="checkbox"/> Play with the owner | <input type="checkbox"/> Plays independently |
| <input type="checkbox"/> Likes to play rough with people | |

c) Does your cat have a favorite toy? _____

d) How does your cat react to catnip? _____

17. Feeding

- | | |
|---|---|
| <input type="checkbox"/> Dry food left out all the time | <input type="checkbox"/> Measured amount once a day |
| <input type="checkbox"/> Dry & wet every day | <input type="checkbox"/> Only wet/canned food |

18. What brand/formula of food is your cat accustomed to?

a) Canned: _____

b) Dry: _____

c) Does your cat have a favourite treat? _____

19. I would describe my cat as:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> High energy | <input type="checkbox"/> Low maintenance |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Shy with new people |
| <input type="checkbox"/> Outgoing/confident | <input type="checkbox"/> Destructive | <input type="checkbox"/> Good with cats |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Vocal | <input type="checkbox"/> Good with children |
| <input type="checkbox"/> High energy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Good with dogs |
| <input type="checkbox"/> Lap cat | <input type="checkbox"/> Night owl | <input type="checkbox"/> Good with change |

20. My cat is used to being left alone:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Almost never | <input type="checkbox"/> 8 hours or less most days | <input type="checkbox"/> 8 hours or more most days |
|---------------------------------------|--|--|

21. How does your cat react when going to the vet?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Friendly & confident | <input type="checkbox"/> Fearful/tense (but not aggressive) | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Haven't taken to a vet | | |

22. Describe your cat's behaviour when you first acquired it:

- Friendly Took time to adjust Aggressive
 Adjusted quickly Fearful

23. Has your cat bitten anyone in the last 10 days? Yes No

23. Is there anything else you would like to tell us about your cat?

Medical

1. Has your cat ever been to a vet? Yes No
2. Has your cat been vaccinated? Yes No When? _____
3. What is the name of the vet clinic used? _____
4. Has your cat had any medical concerns in the past? Yes No
a) If yes, please describe: _____
5. Does your cat currently have any medical issues? Yes No
a) If yes, please describe: _____
6. Has your cat ever been on medication? Yes No
a) What type of medication? _____
7. Is it currently on medication? Yes No
a) If yes, what medication? _____
8. Has your cat ever had any adverse reactions to medication or vaccines? Yes No
a) If yes, which medication/vaccine, and what were the effects?



9. Have you recently noticed any of the following:

- Changes in water consumption or urination
- Changes in appetite (eating more or less)
- Changes in energy level
- Sneezing
- Coughing
- Vomiting
- Diarrhea
- Difficulty urinating
- Bad breath
- Any dental concerns (e.g. gagging, drooling, red gums)
- Other:
