

OWNER INFORMATION - CAT

Date ____/____/____

Cat's Name _____ Breed _____ Sex ____ Approx. Birth Date _____

Is your cat: Spayed/Neutered? Yes No

Declawed? Yes No Which paws? _____

Microchipped/tattooed? Yes No # or location _____

You have owned this animal since? (date) _____

Was this cat adopted from The Humane Society for Tacoma & Pierce County? _____

If not, from where did you obtain this cat? _____

Why are you giving up this cat? _____

Please list any bad habits or medical issues that a new owner should be aware of:

Current Veterinarian _____ Clinic _____

Address _____ City _____ State ____ Zip _____

Office telephone _____ Cared for since _____

Has your cat ever bitten anyone? Yes No If yes, explain: _____

YOUR CAT'S LIVING AND EATING HABITS

My cat lives: (Check all that apply)

Indoors only Indoors at night Indoors with access to outdoors

In barn or shed In garage or basement Other _____

How many hours per day on average does your cat spend alone? _____

Where does your cat sleep?

Inside Unconfined Inside confined in crate/room Outside Garage/basement

Do you trust your cat indoors unsupervised? Yes No If no, please explain: _____

Is your cat litter box trained? Yes No If no, please explain: _____

Goes outdoors Has occasional accidents Frequent accidents Sprays

Your cat prefers _____ (brand) of cat litter.

How would you describe your household? Noisy Active Average Quiet

My cat eats approximately _____ (amount) of _____ (brand) at each sitting.

Once a day (morning evening) Twice a day Food left out always

YOUR CAT'S EXPERIENCES WITH OTHER ANIMALS AND CHILDREN

Would you recommend that your cat be placed in a home with children?

- Yes, any ages of children Yes, but only children older than _____ No

Your cat's experiences with children:

- Lived with children – ages _____ Regularly visited children – ages _____
 Infrequent contact with children – ages _____ No experience with children
 Negative experience with children: Please explain _____

Your cat's experiences with other animals. Check all that apply:

- Other cats Positive Negative No experience
Dogs Positive Negative No experience
Caged animals Positive Negative No experience
Livestock Positive Negative No experience
Other Positive Negative (Please specify _____)

Please explain any significant reaction: _____

YOUR CAT'S PERSONALITY AND BEHAVIORS

What are your cat's BEST qualities? _____

Your cat enjoys: Sleeping on lap Playing with toys _____ _____

How would you describe your cat's personality? _____

Your cat's favorite treats are? _____

Is your cat a good hunter? No Yes If yes, please explain _____

Does your cat use a scratching post? No Yes If yes, what kind? _____

YOUR CAT'S HEALTH

Has your cat been vaccinated in the last year? No Yes If yes, what vaccines? _____

Has your cat been tested for FIV & FeLV? No Yes If yes, what were the test results?
 Positive Negative

Has your cat been vaccinated for FIV & FeLV? No Yes

Please attach all relevant medical and health records (including vaccination schedules and test results) and describe any current medical problems or medications _____

Has your cat received flea treatment? No Yes What kind? _____ When? _____

What do you want your cat's new owners to be like? _____