



## Cat Intake Profile

The information provided here will help us in evaluating and finding the best possible home for your cat. Please be as detailed as possible. Thank you.

Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered:  Yes  No

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

Does your cat have a:  Microchip  Tattoo  None

Microchip Number: \_\_\_\_\_

Has this cat lived with: (check all that apply)  Dogs  Other Cats  Children

This cat lives:  Indoors  Outdoors  Both

If indoors, does this cat try to escape? \_\_\_\_\_

Does this cat normally eat:  Dry Food  Wet Food Brands \_\_\_\_\_

### Behavior Information

Is this cat litterbox trained?  Yes  No  Partially

Does this cat ever mark outside the litterbox?  Yes  No  Sometimes

What type of litterbox is this cat used to?  Closed/covered  Uncovered  Other

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What type of litter is this cat used to?  Clay  Clumping  Crystals  Other

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Does this cat like to play with toys?  Yes  No

If yes, what kind of toys? \_\_\_\_\_

Does this cat use a scratching post?  Yes  No

If yes, what kind?  Carpet  Sisal rope  Cardboard  Wood  Cat Tree

Has this cat ever bitten anyone?  Yes  No

If yes, please explain in detail:

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Does this cat display any type of destructive behavior?  Yes  No

If yes, what is this behavior and when does it occur?

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How does this cat get along with the following? You may use terms such as friendly, social, loves, fearful, barks, growls, snaps, bites, attacks, unknown, etc.

Men:

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Women:

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Strangers:

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Babies:

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Children:

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Cats:

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Dogs:

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What, if anything, is your cat afraid of?

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### **Medical Information**

Please provide the name and contact information for your veterinarian:

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When was this cat last seen by a veterinarian? \_\_\_\_\_

Has this cat ever required special surgery or medical attention?  Yes  No

If yes, please explain:

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Is your cat on any special medication?    Yes    No   If yes, what medication?

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Has your cat been diagnosed with and/or treated for any of the following?

- Allergies    Seizures    Urinary tract infection    Bladder stones    Diabetes  
 Cancer    Deafness    Tumors    Thyroid disease    Organ failure  
 Arthritis    FIV    FeLV    FIP    Ringworm    Other (please explain)

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If yes for any of the above, please elaborate:

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Is this cat declawed?    Yes    No

Any other information you would like us to know about this cat:

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