

SHEBOYGAN COUNTY HUMANE SOCIETY



Cat's Name: _____ Age: _____ yrs. _____ mos. Breed(s): _____

Sex: Male Female Neutered/Spayed Unsure

Declawed: No Front Only All Four Feet

Identification: Tattoo Microchip Other None/Unsure

☛ How long has this cat lived with you? _____ Why are you giving up this cat? _____

☛ What would have to happen for you to keep this cat? _____

☛ Where did you acquire this cat? Sheboygan County Humane Society Other Shelter Pet Store Found/Stray
 Newspaper/Craigslist Breeder- Name & Location: _____ Litter Other _____

☛ How many other homes did this cat have before you? _____

☛ What can you tell us about this cat's life prior to living with you? _____

Social Skills

☛ List the ages of household members your cat has lived with- Men: _____ Women: _____ Children: _____

☛ List other pets in the home- Dogs _____
Age & (Breed(s))

▪ Cats _____ Other: _____
Age & (Breed(s))

☛ Describe your household: Grand Central Station! Some Activity Quiet & Serene

☛ Describe this cat's behavior around children in the household: Friendly Playful Afraid Ignores
 Hisses/Growls Scratches Bites No Children in the Household

☛ Is the cat's behavior different with men or women in the household? Yes No

▪ If yes, please explain _____

☛ Describe this cat's behavior around other pets in the household: Friendly Plays With Others Afraid

Ignores Tolerates Hides Ok, as Long as Can Escape Hisses/Growls Scratches Bites

☛ Describe your cat's response to visitors: Friendly Playful Afraid Ignores Hisses/Growls Scratches Bites

Lifestyle

- ❁ Where does this cat spend most of the day? Outside Barn Inside/Outside
 Confined to One Room Free Roam of the House Basement
- ❁ If outdoors, is your cat: Allowed to Run Supervised Harnessed Screened Room/Porch
- ❁ Where is the cat used to sleeping? Person's Room In Person's Bed
 Confined to One Room Roaming the House Other _____
- ❁ What word(s) best describe your cat's energy level and personality?
 Couch Potato Lap Cat Affectionate Houdini/Clever Jealous Independent
 Social Butterfly Talkative Destructive Rambunctious
- ❁ How does your cat play? Gentle Somewhat Rough Very Rough Doesn't Play
 - If your cat plays with people, does he/she: Grab with Claws Scratch Bite Lightly Bite Hard None
 - What toys does your cat like? None Balls Catnip String Fuzzy Mice Other: _____
- ❁ How long is your cat left alone without people? Never 1-.3 hrs. 4-8 hrs. 9-12hrs. Over 12 hrs.
- ❁ Does your cat like to be held/pet? Yes Tolerates No, Struggles No, Scratches or Bites
- ❁ Where does your cat NOT like to be touched: Ears Paws Tail Stomach Other: _____
- ❁ Is your cat frightened of anything? Thunder Loud Noises Vacuum Dogs Cats
 Men Women Children Strangers Other: _____
- ❁ Please tell us about your cats habits: Scratches Furniture/Rugs Runs Out Door/Window
 Chews/Digs in Plants Jumps on Counters/Shelves Vocal Other: _____
- ❁ Has your cat ever bitten a person? Yes No
 - If yes, please explain: _____
 - Did the person require medical care Yes No
- ❁ Have you ever provided a scratching post for this cat? No Yes- what kind? Carpet Rope Cardboard
 - Where was the post? _____
 - Did the cat use the post? Yes No
- ❁ This cat is allowed on: Counters Furniture Bed Table Shelves None
- ❁ This cat is accustomed to: Bathing Brushing Nail Trimming Teeth Cleaning Medicating

Litter Box History

- ☛ Do you provide your cat with a litter box? Yes No How many? _____ Is it covered? Yes No
- ☛ How often is it scooped? _____ How often is it changed completely? _____
- ☛ Where are the litter boxes located? _____
- ☛ What type of litter do you provide? Clay Clumping Crystals Other _____
- ☛ Does your cat have accidents in the house? Yes No
 - Please describe the accidents: Urinates Right Outside the Box Defecates Right Outside the Box
 - Urinates on Furniture Defecates on Furniture
 - Urinates on Clothing Defecates on Clothing Sprays (Urinates) on Walls & Furniture Other: _____
 - Have you noticed your cat having difficulty urinating or having blood in the urine? Yes No
 - Have you taken your cat to your veterinarian for urination problems? Yes No
 - How long has your cat had this problem? _____
- ☛ Can you pinpoint an event(s) that might have triggered the problem? Fighting with Household Cat Moved
 - New Person in Home New Pet: What Kind? _____ Changed Location of Litter Box
 - Another Pet/Child Keeping Cat from the Box or Disturbing the Cat While Trying to Use the Box
 - Changed Litter Type/Brand or Litter Box Remodeling in Home Other: _____
- ☛ Please describe any measures you have taken to correct this problem? _____

- ☛ Is there anything else we should know about this cat? _____

Medical History

- ☛ Did this cat see a veterinarian on a regular basis? Yes No
 - Which clinic? _____
- ☛ Does this cat have any past/present medical conditions? No Yes-Describe: _____
- ☛ Is this cat on any special medication or diet? _____
- ☛ What type of food does this cat eat? Dry Wet/Canned Mixed What Brand? _____
 - Does this cat get table scraps? Yes No Does this cat get treats? Yes No
- ☛ List any food allergies? _____

I authorize the release of my pet's medical records to the Sheboygan County Humane Society

_____ (signature) _____ (date)