

Cat Form

To enable us to find the best possible home for this cat, please fill in the information below as completely and accurately as possible.

- How old is your pet: _____ Male Female Spay/Neutered yes No Unsure
- If a cat, Is your cat declawed? Yes No If Yes: Front-only All 4-paws
- Why are you surrendering this cat? _____
- How long have you had this pet? _____ Where did you get this pet? _____
- How did your cat interact with the other dogs?
 Enjoy each other's company Tolerate/Ignore each other Run/Hide Fight
- How did your cat interact with the cats?
 Enjoy each other's company Tolerate/Ignore each other Run/Hide Fight
- Ages of the children in the home? _____ Did the cat enjoy the children? yes No Unsure
- Does the pet enjoy being petted? Yes No Sometimes
- Would you say this pet is Playful Shy Wants to be near you Lap-pet Somewhat of a loner
- Where did this cat spend its time? Always outside Mostly outside in or out at will Always inside
- Veterinarian Name _____
- Please describe any health issue the pet may have: _____
- Were any health issues treated by a veterinarian? Yes No
- Are you experiencing litter box issues with your cat? Yes No

If you are experiencing LITTER BOX ISSUES with your cat, please answer these additional questions.

- When did the issue start? _____
- Depth of the litter? 1-2 inches 2-3 inches 3-4 inches Greater than 4 inches
- How many total litter boxes are there in the house? _____
- What have you tried to correct the litter box problems? _____

Litter Box Cleaning Procedures: (please check all that apply)

How often do you SCOOP out the litter boxes?

- Daily
- Every couple weeks
- A few times per week
- When I can't stand the smell
- Once a week
- When pet stops using it

How often do you DUMP the litter boxes (empty out and replace litter material)?

- Daily
- Every couple weeks
- When pet stops using it
- A few times per week
- Once a month
- Just add fresh litter as needed
- Once a week
- Every couple of months

How often do you CLEAN the litter boxes (wash it using water and/or cleaners)?

- Daily
- Every couple weeks
- When pet stops using it
- A few times per week
- Once a month
- Never
- Once a week
- Every couple of months

PLEASE COMPLETE SIDE TWO.....

Location of Litter Box: (please check all that apply)

Where in the home are the litter boxes?

- First floor Second floor Basement

In which room(s) is the litter boxes?

- Bedroom Kitchen Home office
 Living room Bathroom Laundry room

Litter Box Behaviors and Usage: (please check all that apply)

Where does the pet urinate or defecate?

- Next to the box In bathtub or shower
 On carpet or area rug Spraying on vertical surface
 On clothes/towels/bedding On tile/wood/concrete
 On furniture
 Other _____

Were these accidents: Urine Feces Both

Where in the home do the accidents occur?

- First floor Second floor Basement

In which room(s) do the accidents occur?

- Bedroom Kitchen Home office
 Living room Bathroom Laundry room

How frequent were these accidents?

- Daily Every couple months
 A few times per week A few times per year
 About once a month

Where in the room(s) do the accidents occur?

- In a corner Out in the open On walls
 Behind furniture On furniture Other _____

Has the pet shown any of the following signs of illness?

- Frequent urination Blood in stool
 Small amounts of urine Diarrhea
 Blood in urine Constipation
 Goes in front of owner Hard stools
 Meows when goes Other _____

Comments:
