

Kindred Souls Foundation
Cat Intake Form
Free PDF fill-in: <http://www.pdfescape.com/>

General Information

Your name _____ Date _____

Address _____ Phone _____

Email address _____ Alt Phone _____

Cat's name _____ Age _____

Cat's birth date _____ Cat's weight _____

Is the cat spayed/neutered? Yes No Unsure Cat's sex Male Female

Does the cat have a microchip? Yes No Cat's Breed(s) _____

Microchip Company: _____ Microchip # _____

Is the cat de-clawed? Front All Not de-clawed Cat's Color(s) _____

If de-clawed, when was it done? As a kitten As an adult Unsure

Has the cat bitten in the last ten (10) days? Yes No Unsure

If Yes, please explain:

History

Why are you surrendering this cat?

If surrender reason is behavioral, please explain:

If we could help you resolve this issue would you be interested in keeping the cat? Yes No

How long have you owned this cat? _____

Including yours, how many homes has this cat had? _____

Where did you acquire this cat? From a shelter Breeder Found as a stray Newspaper

Friend/relative Pet Store Born in my home Other _____

Medical History

Did the cat see a veterinarian at least once per year? Yes No Unsure

If so, which clinic? _____

Medical History continued:

Is the cat current on vaccinations? Yes No Unsure

Has this cat been tested for Feline Leukemia? Yes No Unsure

If yes, what were the results? Positive Negative Unsure

Has this cat been tested for Feline Immunodeficiency Virus? Yes No Unsure

If yes, what were the results? Positive Negative Unsure

Has this cat ever had surgery? Yes No Unsure

If yes, please explain:

Has the cat been diagnosed with and/or treated for any of the following? (*check all that apply*)

- Upper respiratory infection
- Allergies
- Heart murmur
- Tumors
- Epilepsy or seizures
- Organ failure

- Thyroid disease
- Diabetes
- Urinary tract infection
- Lymphoma / other cancer
- Unsure
- Other _____

Personality

How would you describe the cat most of the time? (*check all that apply*)

- Friendly to family
- Very active
- A clown
- Couch potato
- Friendly to visitors
- Playful
- Aloof
- Withdrawn
- Shy to family
- Talkative
- More like a dog
- Fearful
- Fearless
- Solitary
- Playful
- Affectionate
- Independent
- Shy to visitors
- Quiet
- Lap cat
- Other _____

How does the cat like to play? (*check all that apply*)

- Plays gently, does not usually use teeth or claws
- Likes to chase & pounce with variety of toys
- Likes to play hide & seek
- Likes to play in or around water
- Likes to play with dogs
- Likes to play rough, may bite or scratch
- Likes things that crackle, such as paper bags
- Will fetch items like bottle caps or toys
- Chases bugs or moths
- Likes to play with other cats
- Likes to learn tricks for treats
- Not interested in play
- Unsure
- Other _____

Lifestyle & Home Life

What areas of your home did the cat have access to? (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Outdoors only |
| <input type="checkbox"/> Indoors at night | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> Indoors in cold weather | <input type="checkbox"/> In barn or shed |
| <input type="checkbox"/> Outdoors in warm weather | <input type="checkbox"/> Screened porch |
| <input type="checkbox"/> Indoors with access to outside | <input type="checkbox"/> Unsure |
| | <input type="checkbox"/> Other _____ |

Where did the cat spend most of his or her time? (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Shed or barn |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Outdoors only |
| <input type="checkbox"/> Living room | <input type="checkbox"/> Where people are |
| <input type="checkbox"/> Garage or basement | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> At the window | <input type="checkbox"/> Other _____ |

If this cat has lived with other cats, how did they interact? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Played together | <input type="checkbox"/> Fought without injuries |
| <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Gentle with others |
| <input type="checkbox"/> Groomed each other | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Peacefully coexisted |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Rough with others | <input type="checkbox"/> Other _____ |

If this cat has lived with dogs, how did they interact? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Played together | <input type="checkbox"/> Fought without injuries |
| <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Peacefully coexisted |
| <input type="checkbox"/> Groomed each other | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Cat rubbed on dog |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Cat tormented dog |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Avoided each other |
| <input type="checkbox"/> Cat feared dog | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Dog chased cat | <input type="checkbox"/> Other _____ |

Has the cat regularly been around children? Yes No Unsure

If yes, indicate what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

If this cat lived with children under the age of 7, how did they interact? (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Cat actively avoided child | <input type="checkbox"/> Cat & child played together |
| <input type="checkbox"/> Child could pet cat | <input type="checkbox"/> Cat hissed or growled at child |
| <input type="checkbox"/> Mutual adoration | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Other _____ |

Lifestyle and Home Life continued:

Have the experiences with the cat and child(ren) always been positive? Yes No Unsure

If no, please explain:

Is this cat more comfortable with:

- Women
- Men
- Kids

- Teenagers
- Seniors
- Loves all people
- Unsure

How would you describe the ideal home for this cat?

Please tell us some things you truly love about this cat?

Are there any quirks or habits you are not fond of in this cat?

Does the cat do any of the following? (*check all that apply*)

- Jump on counters
- Scratch furniture
- Chew plants

- Scratch doors/cabinets
- Chew personal items
- Climb curtains
- Other _____

If you attempted to correct the problem, how did you do so?

Dietary Habits

What brand/blend of food is this cat currently being fed? _____

Which does this cat eat? Dry only Canned only Combination of dry & canned

People food Unsure

What type of treats is this cat currently being given? _____

How often is this cat fed? Food always available Designated mealtimes

Litter Box Habits

Does this cat have access to a litter box in the house? Yes No

If no, did this cat use the bathroom outdoors? Yes No

If sometimes, how often does the cat make mistakes? _____

Is the litter box: Covered Uncovered

Where is the litter box(s) located in the house?

Please describe the accidents:

- | | |
|---|--|
| <input type="checkbox"/> Urinates outside the box | <input type="checkbox"/> Sprays on walls/furniture |
| <input type="checkbox"/> Urinates on clothing/furniture | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Defecates outside the box | <input type="checkbox"/> Other _____ |

How often was litter box scooped? Every day Every few days Weekly Rarely

What type(s) of litter was used?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Unscented | <input type="checkbox"/> Crystals |
| <input type="checkbox"/> Scented | <input type="checkbox"/> Clay |
| <input type="checkbox"/> Clumping | <input type="checkbox"/> Pine |
| <input type="checkbox"/> Non-Clumping | <input type="checkbox"/> Yesterday's News |
| | <input type="checkbox"/> Other _____ |

Are there other animals in your home? No Other cats Dogs Birds Rodents

If other cats, how many shared a litter box?

- One Two or more Many cats shared Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin?

- Past month Past year Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use?

Please describe the measures you have taken to correct this problem:

Has this cat been to the veterinarian to rule out infection or underlying health issues? Yes No

Additional Information

Please tell us any additional comments about this special animal companion: