

MY CAT'S MEOW



Changing lives... four paws at a time!

PLEASE CHECK ALL THAT APPLY ON EACH QUESTION. This Information is essential in finding a new home for your cat. AVHS will share this form with potential new adopters.

BASIC INFORMATION

Today's Date: _____

Cat's Name: _____

Any Nicknames: _____

Cat's Current Age: _____

Cat's Age When You Got It: _____

Is this Cat Declawed? Yes No Is this Cat: Male Female Neutered Spayed

Why are you giving up your cat?

- Did not want it to begin with
- Behavior Issues
- On the recommendation of: _____
- Not getting along with my other pets (please list): _____
- Other: _____

How did you obtain this cat?

- Friend, neighbor, or family member
- Free from a newspaper ad
- Free at a local store
- Pet store
- Breeder
- Born at home
- Stray
- Gift
- Adopted from (shelter, rescue, etc.): _____

Why did you get this cat?

- Companion for: Myself Another family member Another pet
- Protection for: Home Business Another family member got the Cat
- Unwanted gift Hunting Cat Working Cat Other: _____

What other animals was this Cat raised with in the household?

List the animals

Was this Cat raised with children? Yes No If yes, circle which ages: 0-6 7-9 10-12 13-16 17+
How many children? _____

HOUSING INFORMATION

Where does this cat spend its time?

- Inside only Outside only
- Inside and outside
- When is this cat inside? _____
- When is this cat outside? _____
- Outbuilding (garage, barn, shed, etc.): _____
- Semi-outdoors (screened cat room, fenced cat area, etc.): _____
- Outside on a cat lead and/or harness: Supervised Unsupervised
- Other: _____

If this cat goes outside, how does it get out?

- Cat door Window Person lets it out Other: _____

Is this cat restricted to/from any areas?

- Yes No
- Please explain: _____

Where does this cat sleep at night?

- Inside: Where? _____ On what? _____ With whom? _____
 Outside: Where? _____ On what? _____ With whom? _____

Does this cat have any favorite daytime perching spots? _____

Was this cat's housing arrangement successful? Yes No

If no, please explain: _____

FEEDING INFORMATION

What type of food does this cat eat?

- Canned cat food Brand: _____
 Dry cat food Brand: _____
 Dry mixed with canned Brands: _____
 Special diet: _____

How often / how much does this cat eat?

- Once daily Amount: _____ Time fed: _____
 Twice daily Amount: _____ Time fed: _____
 Free fed Amount: _____ Time fed: _____

Does this cat have any favorite treats? Yes No If yes, what: _____

Would you describe this cat as a "picky eater"? Yes No

If yes, please explain: _____

EXERCISE AND PLAY INFORMATION

Does this cat use a scratching post? Yes No

What type of surface does this cat prefer to scratch on?

- Carpet Upholstery Cardboard Sisal fiber Wood Other: _____

When scratching, what type of surfaces does the cat prefer?

- Horizontal/flat Vertical/upright Slanted/on an angle

Does this cat receive regular play time with people?

- Yes, daily play sessions Yes, a few sessions per week No regular play time

What type of items does this cat play with?

- Toy mice String Feathers Balls
 Live prey (bugs, birds, mice, etc.) Other: _____

Does this cat play "ambush" games? Yes No

If yes, please explain: _____

What is this cat's play style?

- Gentle as a lamb Middle of the road
 Rough n' tumble Not interested in play

What is this cat's activity level?

- Low energy Middle of the road Extremely active

When is this cat most active?

- Daytime Nighttime Both

Describe activities you did with this Cat:

- Petting Brushing Bathing Playing fetch Playing tug-of-war
 Playing chase Rough housing Running errands Training games
 Training classes Road trips Quiet companionship
 Other: _____

BEHAVIORAL INFORMATION

Does this cat give "love bites"? Yes No

If yes, what kind of bites are they? Soft Medium Hard

Does this cat display any of the following "don't pet me right now" behaviors?

- Swishes tail Twitches ears Flattens ears Ripples back
 Narrows eyes Other: _____

Does this cat have any areas it prefers not to be touched?

- Back Tail Feet Ears
 Neck Face Abdomen Other: _____

Do you feel that this cat is territorial? Yes No

If yes, please explain: _____

Do you discipline this cat? Yes No

If you have disciplined this cat, what method(s) did you use?

- Verbal correction Physical correction Squirt bottle/water gun Timeout inside
 Put it outside Throw something at the cat Ignore the behavior
 Other: _____

What do you discipline the cat for?

- Litter box accidents Getting onto counters Scratching furniture
 Scratching/biting people Eating plants Bothering other pets
 Nighttime activity Other: _____

How does this cat behave with:

Family		Visitors to the Home	
Adults	Children	Adults	Children
<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly
<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful
<input type="checkbox"/> Plays gently	<input type="checkbox"/> Plays gently	<input type="checkbox"/> Plays gently	<input type="checkbox"/> Plays gently
<input type="checkbox"/> Plays rough	<input type="checkbox"/> Plays rough	<input type="checkbox"/> Plays rough	<input type="checkbox"/> Plays rough
<input type="checkbox"/> Cuddly	<input type="checkbox"/> Cuddly	<input type="checkbox"/> Cuddly	<input type="checkbox"/> Cuddly
<input type="checkbox"/> Vocal	<input type="checkbox"/> Vocal	<input type="checkbox"/> Vocal	<input type="checkbox"/> Vocal
<input type="checkbox"/> Destructive	<input type="checkbox"/> Destructive	<input type="checkbox"/> Destructive	<input type="checkbox"/> Destructive
<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy
<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive

Does this cat have a preference for:

- Men Women Children Animals: _____

How would you characterize this Cat overall? (Please check all that apply)

- Calm Friendly Playful Curious Vocal Cuddly Clingy
 Standoffish Outgoing Shy Confident Dependent Independent Fearful
 Aggressive Other: _____

Please list any *additional* information on daily routines for feeding, playing, etc: _____

What do you enjoy most about this cat? _____

Please describe the ideal home you would like for this cat:

Please add any additional information that you feel would be helpful for us or a new owner to know about this cat (do not forget to include any past medical history and incidents even if it is no longer an issue): _____

Does the Cat have any medical history?

Who was the Cat's veterinarian? _____ Phone: _____

Would you like us to provide your name and phone number? _____

May we and/or the new owner(s) contact the vet to obtain health information?

Yes No **If yes, please initial here:** _____

May the new owner(s) of this Cat contact you for further information? Yes No

Contact Information: _____