



## Shelter Intake Form -Cat

### Requirements at Intake: (Must Have)

- Valid Lake Havasu City ID
- Medical records including rabies Certificate

### General Information

1. Cat's Name \_\_\_\_\_ 2. Age (birthday if known) \_\_\_\_\_

3 Sex  Female  Male Spayed/Neutered  Yes  No  Unknown

4. Where did you acquire your cat? \_\_\_\_\_ 5. How long have had your cat? \_\_\_\_\_

6. What issues are you having with keeping your cat?

Pet's Behavior  Pet's Health  Owner's Health  Finances  Housing  Family

### Medical & Dietary Information

1. When was the last time your cat was seen by a veterinarian? \_\_\_\_\_

2. Name of Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Cat's current medications (If any): \_\_\_\_\_

4. Describe any past or present health problems or injuries: \_\_\_\_\_

5. List any allergies your cat may have: \_\_\_\_\_

6. Food and Schedule  Dry  Canned  Table Scraps  Prescription  Other \_\_\_\_\_

Free Fed  Feeding Schedule \_\_\_\_\_ Brand(s): \_\_\_\_\_

Favorite Treats: \_\_\_\_\_

### Personality Profile

1. What is your cat's personality like? (Mark all that apply)

Cuddly  Affectionate  Mouthy  Curious  Energetic/Active  Jumpy  
 Playful  Independent  Goofy  Talkative  Calm/Gentle  Outgoing  
 Shy  Couch Potato  Fearful  Other \_\_\_\_\_

2. What does your cat like to play with: (Mark all that apply)

Balls  Cat Nip  Mice  Crinkle  Cat Wands  Laser Pointer  Boxes  Bags  Water  Other Cats  Dogs  
 His/Her Tail  Things I cant see  Other \_\_\_\_\_

3. What activities does your cat enjoy? (Mark all that apply)

Climbing cat towers/shelves  Sleeping  Snuggling  Hiding  Running  Wrestling  Observe Nature  Sunbathing  
 Cat Scratchers  Fetch  Other \_\_\_\_\_

## Home Environment and Behavior

1. Including yourself, indicate the age ranges of people your cat has lived or interacted with: (Mark all that apply)

Senior  Adults  Children under 5 years  Children between 6-12 years  Children between 13-17 years

2. How does your cat react to children: (Mark all that apply)

Friendly/Playful  Avoids  Fearful  Unpredictable  Roughhouses  Calm/Easygoing

Calm/Easygoing  Snappy  Gentle  Growls/Barks  Never Been around

3. Please indicated which animals Your cat is compatible with: (Mark all that apply)

Dogs (Circle all that apply) Male / Female / Small / Large /Puppy /Adult /Senior

Cat (Circle all that apply) Male / Female / Small / Large /kitten/Adult /Senior

4. How does your cat behave around other animal(s): (Mark all that apply)

Friendly  Tolerates  Unpredictable  Easygoing  Fearful  Playful  Grooms  Snappy  Roughhouses

Chases  Avids  Jumps On  Get stiff/Freezes  Respectful  Growls/Hisses  Unpredictable

Resource Guards with (circle all that apply) Food / Toys / Treats

5. Describe your cat's behavior when:

Bathed:  Calm  Excited  Fearful  Other \_\_\_\_\_

Picked Up:  Calm  Excited  Fearful  Created  Other \_\_\_\_\_

Bathed/ Nails Trimmed:  Calm  Excited  Does not allow  Other \_\_\_\_\_

Handled by the vet:  Calm  Excited  Fearful  Does not allow  Other \_\_\_\_\_

6. Does your cat display any of the following behavior(s)? (Mark all that apply)

Scratches inappropriate things  Sprays  Vocalizes  Escapes  Plays Rough  Chews Wires  Hides

Other \_\_\_\_\_

7. Does your cat use the litterbox all the time?  Yes  No, please explain \_\_\_\_\_

8. Type of litterbox:  Covered  Open  Automatic  Other \_\_\_\_\_

9. Type of litter:  Clumping Clay  Non-Clumping Clay  Pellets  Crystals  Other \_\_\_\_\_

10. Where does your cat: (Mark all that apply)

Live:  House  Apartment  Garage  Outside in yard/Pen  Inside in crate/Round pen

Sleep:  On furniture  Floor  Cat bed  On People  Outside in the yard  Crated/gated area

11. Is your cat frightened of anything? (Mark all that apply)

Men  Women  Children  Strangers  Vet/Groomers  Fireworks  Thunder

Vacuum  Crate  Bikes/Skateboards  Cars  Loud voices/Yelling  Being left alone  Other \_\_\_\_\_

12. Please describe any body parts your cat does not like being touched and what is the reaction?

\_\_\_\_\_

