



Shelter #A _____

For Staff Use

Animal's Name:	Age:	Sex:
Breed/Type:	Colour:	
ID <input type="checkbox"/> Tattoo Location _____		<input type="checkbox"/> Microchip # _____

INCOMING CAT HISTORY SHEET

Please check all that apply

My Cat

Name: _____ Age: _____

Gender: Male Female Status: In heat Pregnant Nursing

Altered: Neutered Spayed Not sure

Declawed: No 2 front paws All four paws

Past or present medical conditions: Yes No

If yes, what are they? _____

Currently on medications (please specify)? _____

Currently on a special diet (please specify)? _____

Name of the veterinary clinic: _____

History

Time caring for my cat: _____ years _____ months My cat has had other owners: Yes No

If yes, do you know if this cat was previously kept indoors or outdoors? _____

My cat was acquired from: Ottawa Humane Society Found/Stray Pet Store

Friend/Relative Online

Placement group – Name of group? _____

Other animal shelter – Name of shelter? _____

Breeder - Name of breeder? _____

Other: _____

Reason for Surrender

Moving (unable to bring cat) Cost of having a pet Pet is ill/injured Aggressive

Behaviour issue (please specify): _____

Too many animals Unable to dedicate necessary time Inappropriate elimination

Other (please specify): _____

Environment

Housing Type: Detached house Apartment Row house/Garden home



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- Housing Area: City (urban area) Suburbs Country
Do you let your cat outdoors? No Sometimes Harnessed only On a balcony Supervised
 In a secure yard In an enclosure Free to roam

- My family is: Quiet owner lives alone Retired couple Active family Quiet family
 Someone always home No one home during day Other: _____

- My cat: Is accustomed to active children Is accustomed to calmer children Is nervous around children
 Has never known children Is accustomed to being handled by children Avoids children
 Enjoys attention Enjoys being picked up

Age of any children in house: _____

- My cat is more comfortable with: Women Men Children Seniors Loves all people
My cat gets along with: All animals Only cats Only female cats
 Only male cats Only dogs Does not get along with other animals

If no other animals, please explain (i.e. aggressive towards other animals, or ignores other animals)

My cat has lived with other:

- Cats # of cats/gender: _____ Length of time living together: _____
 Dogs # of dogs: _____ Length of time living together: _____
 Other animals Type/s: _____

Diet

What do you feed your cat? Dry Canned/wet Both

Brand of food: _____

Number of times per day my cat is fed: 1 2 3 Free feed

My cat's appetite is: Good Fair Poor Fussy Favourite treats: _____

Scratching

- My cat scratches: Scratching posts Soft furnishings (sofa, drapes, etc.) Carpets/rugs
 Wood furniture (cabinet doors, etc.) Nothing Other: _____

Behaviour and Play Style

My cat:

- Jumps on counters/tables Begs for food Eats plants
 Chews personal items Climbs curtains Plays gently, does not usually use teeth or claws
 Likes to play rough, may bite or scratch Likes to chase & pounce with variety of toys
 Likes things that crackle, such as paper bags Likes to play hide & seek



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- Will fetch items like bottle caps or toys
- Likes to play in or around water
- Likes to play with other cats
- Not interested in play
- Chases bugs or moths
- Likes to learn tricks for treats
- Likes to play with dogs
- Other _____

Litter Box Habits

- My cat has access to a litter box in the house? Yes No
- What type(s) of litter was used? Unscented Scented Clumping Non-Clumping
- Crystals Clay Pine Yesterday's News Other: _____

- Number of litter boxes in the home: _____ Location of the litter box(es)? _____
- Type of litter box: Covered Open Other: _____
- What sizes are the litter box(es)? Small Standard X-large

- If there are other cats in the home, how many shared a litter box? N/A One Two or more
- Multiple boxes for multiple cats

- Litter is cleaned: Daily Twice a week Once a week
- My cat is: Messy Clean Very clean

Has your cat ever failed to use the litter box? No Yes *If yes, continue below, if no, please proceed to next page.*

I first noticed that my cat failed to use the litter box (approximate date): _____

- Did you change the brand or type of litter in the last few months? Yes No

- Please describe the accidents: Urinates outside the box Urinates on clothing/furniture
- Defecates outside the box Sprays on walls/furniture All of the above
- Other: _____

- My cat failed to use the litter box? A few isolated instances Daily 2-3 times a week Weekly
- 2-3 times a month

- Was it always at a specific time of the day or night? Yes No

Is there an identifiable event that influenced or triggered inappropriate litter box use? (new baby, moving, schedule changes, renovations, etc.)? _____

What steps were you able to take to try and correct the problem? _____

- Were these steps successful in correcting the problem? Yes No



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Was your veterinarian able to rule out the possibility of a bladder infection or other medical issues?

My cat is VOCAL:	Never	Rarely	Occasionally	Often	Always
With me	1	2	3	4	5
With other cats in the home	1	2	3	4	5
By him/herself?	1	2	3	4	5
My cat is FEARFUL:	Never	Rarely	Occasionally	Often	Always
With me	1	2	3	4	5
When at the vets	1	2	3	4	5
Toward visitors	1	2	3	4	5
With children	1	2	3	4	5
With visitors- my cat is fearful the whole time they are visiting	1	2	3	4	5
Of loud noises [e.g. vacuums]	1	2	3	4	5
Towards other cats	1	2	3	4	5
Towards dogs	1	2	3	4	5
My cat is FRIENDLY:	Never	Rarely	Occasionally	Often	Always
With me	5	4	3	2	1
With strangers	5	4	3	2	1
With other cats	5	4	3	2	1
Towards kids	5	4	3	2	1
Towards dogs	5	4	3	2	1
My cat is AGGRESSIVE:	No aggression	Warning meow or growl	Scratches or bites that do not break skin	Scratches breaking skin	Bites breaking skin
When I pet him/her	1	2	3	4	5
When I pick him/her up	1	2	3	4	5
When I groom him/her	1	2	3	4	5
With the veterinarian	1	2	3	4	5
Towards other cats at home	1	2	3	4	5
Towards other cats outdoors	1	2	3	4	5
Towards dogs	1	2	3	4	5
Other information:	Never	Rarely	Occasionally	Often	Always
Likes to sleep in bed with me	1	2	3	4	5
Likes to be petted	1	2	3	4	5
Wants to be where I am	1	2	3	4	5
Is active and intense	1	2	3	4	5
Is patient and easy going	1	2	3	4	5

Please feel free to tell us any additional helpful information (favorite toys/games/treats, bad habits, etc.):

Thank you for completing this questionnaire!

We know that giving up your pet is not an easy decision and we promise to do our best.