

Please help us provide great care for this animal by thoroughly completing the following information. Thank you!

Owner Name: _____ <small>First Last</small>	Date: _____
Address: _____ <small>Street City State Zip</small>	
Cell Phone: _____	Alternate Phone: _____
Email Address: _____	Preferred Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Email

My hope for today is that the Capital Area Humane Society will:

- | | |
|--|--|
| <input type="checkbox"/> Provide me with supplies to care for my cat | <input type="checkbox"/> Find a new home for my cat |
| <input type="checkbox"/> Direct me to low cost veterinary care | <input type="checkbox"/> Provide temporary boarding for my cat |
| <input type="checkbox"/> Provide behavior / training advice | <input type="checkbox"/> Other: _____ |

The following concerns apply to my current situation: (check all that apply)

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Allergies to pet | <input type="checkbox"/> Personal health issues | <input type="checkbox"/> Not enough time | <input type="checkbox"/> New baby |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Too many animals | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Landlord/housing conflict | <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Other: _____ | | |

The following concerns apply to my cat: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical condition | <input type="checkbox"/> Aggressive to people | <input type="checkbox"/> Aggressive to animals: _____ |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Other pets did not accept | <input type="checkbox"/> Doesn't use litter box |
| <input type="checkbox"/> Not friendly | <input type="checkbox"/> History of biting | <input type="checkbox"/> Too much responsibility |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Unwanted | <input type="checkbox"/> Escapes |
| <input type="checkbox"/> Other: _____ | | |

I originally got my cat from: _____ I've owned him/her for: _____ yrs.

Notes:

Cat's Name:

STAFF:

DATE:

My cat lived: Indoors only Outdoors only Indoors & outdoors

My cat's behavior most of the time: (check all that apply)

- Active Couch potato Affectionate Quiet/shy
 Playful Friendly to all Friendly to family only Aggressive
 Destructive Other: _____

My cat currently lives with: Other cats Dogs Kids Other: _____

Ages of children in the home: _____

My cat usually behaves in the following way around:

- Cats: Friendly Shy Indifferent Aggressive Unknown
Dogs: Friendly Shy Indifferent Aggressive Unknown
Children: Friendly Shy Indifferent Aggressive Unknown

My cat uses his/her litter box: Always Sometimes Never

If sometimes or never, please give us more information:

How often is the box changed? _____ How many boxes do you have? _____

When the cat eliminates outside of the box, does he/she urinate, defecate, or both? _____

My cat: (check all that apply)

- Likes to Snuggle/Sits on Laps Pounces unexpectedly on feet/ankles
 Likes to be held Is annoyed when petted Scratches furniture
 Is afraid of: _____

My cat was last seen by a veterinarian on: _____ at _____
DATE VET PRACTICE NAME / VET'S NAME

My cat: Is spayed or neutered Is microchipped Is current on vaccinations

Has had allergic reactions to vaccines in the past

My cat has the following health concerns: _____

My cat is currently on this medication: _____