



# Cat History Form

Adoption Return

Less than 30 days [return]  Over 30 days [surrender]

Public Guardian Surrender

Appointment Fee Paid Non-refundable

Guardian Name	
Address	
Phone Number	Email
Cat's Name	
How long have you had this cat?	
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered / Spayed
Breed	

### Why are you giving up your cat?

Moving  Allergies  Litterbox  New Baby  Biting/Scratching  No Time

Not getting along with other pets (explain): \_\_\_\_\_

Not getting along with family members (explain): \_\_\_\_\_

Behavior Issues: \_\_\_\_\_

Other: \_\_\_\_\_

### How did you obtain this cat?

SF SPCA Adoption  Other Shelter/ Rescue: \_\_\_\_\_

Newspaper/ Internet  Friend  Breeder

Found Stray  Gift

### How was your cat raised?

With Children  Single cat  With dog(s)

Quiet, adult home  With other cat(s)  With cat(s) and dog(s)

### Where is the cat kept at the home?

Where does this cat spend its time?

Inside Only  Outside Only  Outbuilding (garage, shed)

Inside *and* Outside: When is this cat inside? \_\_\_\_\_ When is this cat outside? \_\_\_\_\_

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

Cat Door  Window  Person lets out  Other: \_\_\_\_\_

If this cat is restricted to/from any areas?  Yes  No

Please explain: \_\_\_\_\_

### Where does this cat sleep at night:

Inside Where? \_\_\_\_\_ With whom? \_\_\_\_\_

Outside Where? \_\_\_\_\_ With whom? \_\_\_\_\_

Does this cat have any favorite daytime perching spots? \_\_\_\_\_

When alone, has the arrangement above been successful?  Yes  No

If no, explain: \_\_\_\_\_

## Feeding Information

What type of food does this cat eat and how often?

Type:  Dry Kibble Only  Canned Food Only  Dry & Canned  
 Special Diet: \_\_\_\_\_ Brand: \_\_\_\_\_

How often:  Once daily  Twice daily  Free Fed Amount: \_\_\_\_\_

Does this cat have any favorite treats? \_\_\_\_\_

## Exercise, Play and Behavior Information [check all that apply]

Does your cat receive regular play time with people?  Yes  No

What types of items does your cat play with?

Cat Toys  String  Feathers  Balls  Bugs, birds, mice, etc.  Other: \_\_\_\_\_

Does your cat use a scratching post?  Yes  No

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

Cat Tree  Scratching Post  Cardboard scratcher  Jumping on People  
 Carpet  Upholstery  Wood  Drapes/Curtains  
 Vertical/Upright surfaces  Horizontal/flat surfaces Other: \_\_\_\_\_

Is this cat's activity level:  Low energy  Medium energy  Extremely active

Is this cat most active:  Daytime  Nighttime  Both

Does your cat have any areas it doesn't like to be touched?

Back  Tail  Other

What makes this cat nervous, or causes it to behave in a different manner than usual?

Men  Women  Children  Strangers  Going to the vet  Going in the car  
 Cat Carriers  Bathing  Brushing  Nail Clipping  Other cats  
 Other Animals: \_\_\_\_\_  Other: \_\_\_\_\_

Does your cat have a preference for?  Men  Women  Children  Animals: \_\_\_\_\_

How would you describe this cat overall?

[check all that apply]

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

## Litter Box Information - If applicable

Number of cats in your home? \_\_\_\_\_ Number of litter boxes in your home? \_\_\_\_\_

What size and type of litter box do you use?

Covered  Uncovered  Other: \_\_\_\_\_

Type of litter? [check all that apply]

Clay  Pine Litter  Pellet  Crystals or pearls  Scoop-able  
 Scented  Unscented  Other: \_\_\_\_\_

**The litter box is?**

- Scooped:  Daily  Weekly  Monthly  When it smells bad  
 Dumped:  Daily  Weekly  Monthly  When it smells bad  
 Cleaned:  Daily  Weekly  Monthly  When it smells bad

What do you use to clean the litter box (bleach, pine sol, detergent, exyme, etc.)? \_\_\_\_\_

**Where is the litter box located? [check all that apply]**

- Main Floor  Second Floor  Basement  Bedroom  Laundry Room  
 Kitchen  In a closet  Under furniture  Bathroom  Outside

Is your cat litter box trained?  Yes  No

If no, explain: \_\_\_\_\_

Has your cat ever had an accident outside the litter box?  Yes  No  Urine  Feces  Both

**If yes, where was the accident? [check all that apply]**

- Next to the box  On carpet or rug  On clothes/towels/ bedding  On furniture  
 In bathtub/ shower  Spraying on vertical surface  On tile/wood/concrete  
 Other: \_\_\_\_\_

**How often were these accidents?**

- Daily  Few times / week  Couple of times month  Monthly  Few times / year  
 Other: \_\_\_\_\_

**Any recent changes in household or routine that might have triggered the problem?**

- Moved  New baby  work hours  new pet  Construction

Has your cat seen a veterinarian for this problem?  Yes  No

Was the problem resolved?  Yes  No, ongoing problem  Only occasional relapse

**Veterinarian Information**

Name of Veterinarian or Clinic: \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Current on Vaccinations: \_\_\_\_\_

**Other Information**

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When complete, please fax to 415-554-3069 or email to [re-homing@sfspca.org](mailto:re-homing@sfspca.org).