

Pet Information

Pet's Name:			
Intake #:		Kennel #:	
Breed:		Color:	
Age/D.O.B:		Sex:	
Spayed/Neutered?		Microchip/Tattoo?	
How long have you had your cat?		Did you adopt your pet from the KHS?	
Reason for Surrender:			
Are you comfortable with your pet being placed in another home?			
Enjoys:	<input type="checkbox"/> Balls <input type="checkbox"/> Boxes <input type="checkbox"/> Cat Nip <input type="checkbox"/> Crazy Circles <input type="checkbox"/> Fake Mice <input type="checkbox"/> Laser Pointers <input type="checkbox"/> Paper Bags <input type="checkbox"/> Sitting/Looking out Windows <input type="checkbox"/> Squeaky Toys <input type="checkbox"/> String <input type="checkbox"/> Stuffing Toys		
Good With:	<input type="checkbox"/> Male Cats <input type="checkbox"/> Female Cats <input type="checkbox"/> Small Dogs <input type="checkbox"/> Large Dogs <input type="checkbox"/> Children Ages: <input type="checkbox"/> Birds <input type="checkbox"/> Pocket Pets (gerbils, hamster, mice)		
NOT Good With:	<input type="checkbox"/> Male Cats <input type="checkbox"/> Female Cats <input type="checkbox"/> Small Dogs <input type="checkbox"/> Large Dogs <input type="checkbox"/> Children Ages: <input type="checkbox"/> Birds <input type="checkbox"/> Pocket Pets (gerbils, hamster, mice)		
Strong Prey Drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Afraid of:	<input type="checkbox"/> Bathing <input type="checkbox"/> Car Rides <input type="checkbox"/> Fireworks <input type="checkbox"/> Loud Noises <input type="checkbox"/> Nail Trimming <input type="checkbox"/> Thunder <input type="checkbox"/> Vacuum <input type="checkbox"/> Vet Visits <input type="checkbox"/> Other		
Declawed?	<input type="checkbox"/> No <input type="checkbox"/> Front Only <input type="checkbox"/> Back Only <input type="checkbox"/> All Four Paws		
Does your cat use a litter box?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the litter box...	<input type="checkbox"/> Open <input type="checkbox"/> Covered	Litter pan liners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of litter do you use?	<input type="checkbox"/> Scoopable <input type="checkbox"/> Clay	Brand:	
Does the cat ever have accidents indoors?	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Urinates <input type="checkbox"/> Defecates <input type="checkbox"/> Sprays	How Often:	
How many times per week was the litter box cleaned?			
How many hours per day is the cat home alone?			
Does the cat have/use a scratching post?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What materials does the cat tend to scratch?	<input type="checkbox"/> Cardboard <input type="checkbox"/> Carpet <input type="checkbox"/> Horizontal Surfaces <input type="checkbox"/> Vertical Surfaces <input type="checkbox"/> Other:		
Where does the cat sleep?			
What type of food does the cat eat?	<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Mixed	Brand:	
Times per day the cat was fed?	<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> Free Fed <input type="checkbox"/> Treats Also		
Where was the cat allowed to go?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Uses Cat Door <input type="checkbox"/> Enclosed Patio/Porch		
Reaction to Strangers:	<input type="checkbox"/> Friendly <input type="checkbox"/> Hides <input type="checkbox"/> Timid <input type="checkbox"/> None		
Has the cat ever bitten?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Temperament:	<input type="checkbox"/> Friendly <input type="checkbox"/> Playful <input type="checkbox"/> Active <input type="checkbox"/> Shy/Afraid <input type="checkbox"/> Aloof <input type="checkbox"/> Calm <input type="checkbox"/> Cuddly <input type="checkbox"/> Lap Cat <input type="checkbox"/> Aggressive		
Does the Cat Tend to:	<input type="checkbox"/> Jump on Countertops/Tables <input type="checkbox"/> Scratch/Bite While Playing <input type="checkbox"/> Chew Plants <input type="checkbox"/> Scratch Carpet <input type="checkbox"/> Scratch Furniture <input type="checkbox"/> Stay Active at Night <input type="checkbox"/> Vocalize ("talk") <input type="checkbox"/> Climb Trees <input type="checkbox"/> Other:		
Are you able to clip the nails?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
When was the last Vet Visit?		Any Medical Issues:	
Vet Clinic:		Vet Phone:	
What do you like most about your cat?			