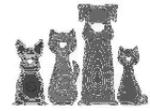


# My Cat's History



**HUMANE SOCIETY**  
OF SOUTHWEST MISSOURI

Cat's Name \_\_\_\_\_

I.D.# \_\_\_\_\_ (office use only)

\_\_\_\_\_ weeks / months / years  
Age

\_\_\_\_\_ spayed / neutered  
Sex

Breed(s) \_\_\_\_\_

Color(s) \_\_\_\_\_

**How long have you had your cat?** \_\_\_\_\_ weeks / months / years

**How did you receive your cat?**

Breeder /Pet Store     Stray     Friend, Neighbor, Relative  
 Internet     Born at home  
 Newspaper     Animal Shelter     Other: \_\_\_\_\_

**Why did you decide to adopt/purchase this cat?**

Companion     For the kids     Companion for other pet  
 Protection     For a Friend  
 Surprise Gift     For a Relative     Other: \_\_\_\_\_

**Veterinarian** \_\_\_\_\_ **Last Visit:** \_\_\_\_\_

City/State \_\_\_\_\_ Vaccinations Current? **Yes No**

**Why have you decided to give up your cat?** (\*please explain further on page 2)

Moving     Not using litter box     \*Behavior Issues     \*Not compatible with other people  
 Allergic     Not Enough Time     Personal Health     \*Not compatible with my pets  
 \*Biting     New Baby / Child     \*Health/Age of cat     \*Not compatible with small animals

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

**Please take a few moments to complete the following questions about your cat.**

The more information we obtain from you, the better prepared we will be concerning their care and time at our shelter.

Potential owners will also be able to make a more knowledgeable decision, as to whether their family would be a good fit for your cat as well.

## Behavior

**How does your cat react or respond to the following?**

	Friendly	Shy	Aggressive	Neutral	Playful	Fearful	Rough	Unknown
Young Children								
Older Children								
Men								
Women								
Mature Adults								
Dogs								
Cats								
Pet Birds								
Gerbils / Ferrets								

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your cat have any behavior issues that a potential adopter should be aware of?**

Meowing loudly     Hissing alot     Boring/Tired     Clawing     Scratching people  
 Too needy     Destructive     Fearfulness     VERY active     Always on furniture

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

**Does your cat have any areas it DOESN'T like to be touched?**

Tail     Feet     Ears     Neck     Face / Head     Belly     Other: \_\_\_\_\_

**Does your cat use a litter box?** YES NO If you answered NO, does your cat have accidents: \_\_\_ Daily?  
 \_\_\_ Few times a week? \_\_\_ Only when their routine is disrupted? \_\_\_ Stays outside? \_\_\_ Still working on it?

**Could this non use of their litter box be a medical problem?** YES NO If so, has a vet been consulted? YES NO  
 If yes, please explain: \_\_\_\_\_

**What type of litter box does your cat use?** \_\_\_ Covered \_\_\_ Uncovered \_\_\_ Electronic \_\_\_ Outside only  
 How many boxes are in your home? \_\_\_ How many cats use them? \_\_\_

**Does your cat get upset, scratch or bite when you touch their food, or treats?** YES NO  
 If yes, please explain: \_\_\_\_\_

**If your cat has bitten, did they break the skin?** YES NO **Draw blood?** YES NO **Did you see a physician?** YES NO  
 If yes, please explain: \_\_\_\_\_

## Environment

When you and/or your family is **at home**, where does your cat spend most of its time?

Please also indicate where your cat spends its time when you're **away** from home.

Mark all that apply.

Home	Location	Away
	In a cat playpen	
	In one room	
	Inside roaming freely	
	Outside roaming the countryside	
	Pet Sitter / Boarding	
	Hiding from everyone / everything	

## Playtime / Exercise

**How often are you and/or your family able to spend time interacting your cat?**

\_\_\_ Daily \_\_\_ Every few days \_\_\_ Weekly \_\_\_ Every few weeks \_\_\_ Monthly \_\_\_ No time

**With whom?**

\_\_\_ Adults  
 \_\_\_ Older Children  
 \_\_\_ Young Children  
 \_\_\_ Mature Adults

**Favorite Toys?**

\_\_\_ Noisy  
 \_\_\_ Stuffed  
 \_\_\_ Balls  
 \_\_\_ Interactive

**Type of play?**

\_\_\_ Gentle Lamb  
 \_\_\_ Casual / Easy  
 \_\_\_ Fun & Active  
 \_\_\_ Rough & Tumble

**Activity?**

\_\_\_ Petting / Grooming  
 \_\_\_ Playing with toys  
 \_\_\_ Road Trips / Errands  
 \_\_\_ Cuddling

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

**What type of situation would be ideal for your cat?**

\_\_\_ Sitting at home by the fire \_\_\_ Being completely spoiled rotten \_\_\_ Running free in the country  
 \_\_\_ Laying on someone's lap all day \_\_\_ Having other cats to play with \_\_\_ Enjoying a big house to play in  
 \_\_\_ Playing with a big active family \_\_\_ Enjoying life in a barn, chasing mice

**What do you most enjoy about your cat?**

\_\_\_\_\_

**What would you change about your cat?**

\_\_\_\_\_

**Additional information that could be helpful for your cat's care or for a potential new owner.**

\_\_\_\_\_