

Animal Information Form - Cat



*Completed by OHS:*  
Animal ID #A \_\_\_\_\_  
Microchip # \_\_\_\_\_

**Pet Stewardship Program  
Animal Information Form – Cat**

**Owner Information (please print)**

First and Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Cat Information**

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

Microchip # \_\_\_\_\_

Breed/type \_\_\_\_\_ Colour & Markings \_\_\_\_\_

Gender     Male     Female    Spayed/Neutered     Yes     No     Unsure

Declawed     Yes     No    Hair     Short     Medium     Long

How long have you owned the cat? \_\_\_\_\_

Has the cat had previous owners?     Yes     No

**Medical History**

Name of Veterinarian \_\_\_\_\_ Name of Clinic \_\_\_\_\_

How often does the cat visit the vet? \_\_\_\_\_

Vaccinated  Yes  No Date of last vaccination \_\_\_\_\_

Rabies  Distemper  Feline Leukemia

*If female, has she ever had a litter?*  Yes  No

If yes, how many litters? \_\_\_\_\_

Past medical conditions  Yes  No

*If yes, please describe the condition(s)* \_\_\_\_\_

*If yes, how was the condition(s) treated?* \_\_\_\_\_

Current medical conditions  Yes  No

*If yes, please describe the condition(s)* \_\_\_\_\_

*If yes, how is the condition(s) being treated?* \_\_\_\_\_

Currently on medication  Yes  No

*If yes, please describe* \_\_\_\_\_

Known allergies  Yes  No

*If yes, please describe* \_\_\_\_\_

Currently on a prescription diet  Yes  No

*If yes, what brand and type?* \_\_\_\_\_

Past dental work  Yes  No

*If yes, please describe what the work was for* \_\_\_\_\_

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Currently in need of dental work     Yes         No

*If yes, please describe the work needed* \_\_\_\_\_

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**Environment**

Housing type         Detached house         Apartment         Row house

Housing area         City (urban)         Suburbs         Country

Time outdoors         Yes – free roam         Yes – restricted         No

Household type         Quiet owner lives alone         Retired couple         Quiet family

Active family         Someone always home

Not home during the day     Other \_\_\_\_\_

Household members  Men                       Women                       Children

Other pets             Dog(s)                       Cat(s)                       Other \_\_\_\_\_

**Diet**

Type of food         Dry (kibble)                       Wet (canned)                       Both

Brand of food \_\_\_\_\_ # of meals per day \_\_\_\_\_

Typical appetite         Good         Fair         Poor/Fussy

Favourite treats \_\_\_\_\_

**Litter Box Habits**

Access to a litter box in the house     Yes         No

*If yes, please answer the following*

Scented litter         Yes         No        Clumping litter         Yes         No

Type of litter       Crystals     Clay       Pine                       Other \_\_\_\_\_

Type of litter box     Open       Covered

Number of litter boxes in the house \_\_\_\_\_ Location(s) \_\_\_\_\_

Litter is cleaned     Daily       Twice a week     Weekly     Other \_\_\_\_\_

Cat's litter use is     Messy       Clean               Very clean

Cat has "accidents"     Never       A few times       2-3 times a month

Weekly     2-3 times a week     Daily

Is there an identifiable event that influenced or triggered soiling accidents? (new baby, moving, schedule changes, renovations, etc.) \_\_\_\_\_

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### Scratching

Cat scratches       Scratching posts     Soft furnishings     Carpets  
 Wood furniture     Nothing               Other \_\_\_\_\_

### Behaviour & Play Style

General personality     Shy               Outgoing       Playful       Affectionate

Describe the cat's personality \_\_\_\_\_

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Please check all that apply

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Jumps on counters/tables         | <input type="checkbox"/> Begg for food                        | <input type="checkbox"/> Eats plants       |
| <input type="checkbox"/> Chews personal items             | <input type="checkbox"/> Climbs curtains                      | <input type="checkbox"/> Chases bugs       |
| <input type="checkbox"/> Travels well in a car            | <input type="checkbox"/> Enjoys being groomed                 | <input type="checkbox"/> Can be left alone |
| <input type="checkbox"/> Plays rough, may scratch or bite | <input type="checkbox"/> Plays gently, without teeth or claws |  |

- Chases & pounces with toys       Likes things that crackle (like bags)  
 Plays hide & seek       Plays in or around water       Plays fetch  
 Likes to learn new tricks       Plays with cats       Plays with dogs  
 Not interested in play       Other \_\_\_\_\_

<b>My cat is VOCAL:</b>	<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Often</b>	<b>Always</b>
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
<b>My cat is FEARFUL:</b>	<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Often</b>	<b>Always</b>
With me	1	2	3	4	5
When at the vet	1	2	3	4	5
With children	1	2	3	4	5
With arriving visitors	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
Toward other cats	1	2	3	4	5
Toward dogs	1	2	3	4	5
<b>My cat is FRIENDLY:</b>	<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Often</b>	<b>Always</b>
With me	5	4	3	2	1
With strangers	5	4	3	2	1
With other cats	5	4	3	2	1
Toward kids	5	4	3	2	1
Toward dogs	5	4	3	2	1
<b>My cat is AGGRESSIVE:</b>	<b>No</b>	<b>Warn- ing meow or Growl</b>	<b>Scratches or bites do not break skin</b>	<b>Scratch breaks skin</b>	<b>Bite breaks skin</b>
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
Toward other cats at home	1	2	3	4	5
Toward other cats outdoors	1	2	3	4	5
Toward dogs	1	2	3	4	5
<b>Other information:</b>	<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Often</b>	<b>Always</b>
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

### Preferred Home



