

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 _____

Currently in need of dental work Yes No

If yes, please describe the work needed _____

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.) _____

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 _____

Please check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Jumps on counters/tables | <input type="checkbox"/> Begs 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 _____

My cat is VOCAL:	Never	Rarely	Occasionally	Often	Always
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
My cat is FEARFUL:	Never	Rarely	Occasionally	Often	Always
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
My cat is FRIENDLY:	Never	Rarely	Occasionally	Often	Always
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
My cat is AGGRESSIVE:	No	Warn- ing meow or Growl	Scratches or bites do not break skin	Scratch breaks skin	Bite breaks skin
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
Other information:	Never	Rarely	Occasionally	Often	Always
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

