



Pet History Form

ADS #: _____ Name: _____ Sex: _____ Age: _____ Birthdate: _____

1. Reason for surrender: _____

2. How long have you owned the cat? _____ Where did you obtain the cat? _____

3. Does cat the use a litter box? _____ If no, explain: _____

4. Do you have any pets? _____ How many? _____ What kind? _____
How does the cat react to other pets: _____

6. Are there children in the home? _____ How many? _____ Ages? _____
How does cat react to children: _____

7. What makes this cat angry? _____

8. What scares this cat? _____

9. Who is the cat's veterinarian? _____ Last vet visit? _____

10. Health issues / concerns: _____

11. Is this cat currently on any medications? _____ If so, what kind? _____

12. Does the cat ever go outside? _____ What flea & tick prevention do you use? _____

13. If the cat is a female, when was she last in heat? _____ Ever had a litter? _____ When? _____

14. Favorite toys / activities: _____

15. How does the cat react to being held / picked up? _____

16. Can you clip cat's nails? _____ Brush fur? _____ How does cat react? _____

17. What type of food do you feed? _____

18. How does the cat react when company comes over? _____

19. Has the cat ever bitten / scratched? _____ How did incident occur? _____

Did the bite or scratch break skin? _____ Was medical treatment necessary? _____

20. Does the cat use a scratching post? _____ If no, what does the cat use to scratch? _____

21. Please circle ALL of the adjectives that best describe this cat:

- | | | | | | | |
|---------------|----------|-----------|------------|-------|----------|---------|
| Affectionate | Friendly | Calm | Quiet | Smart | Obedient | Playful |
| Temperamental | Outgoing | Talkative | Protective | Rough | Noisy | |

Additional Information about this cat: _____

