



# MY CAT'S MEOW

**PLEASE CHECK ALL THAT APPLY ON EACH QUESTION.**

This Information is essential in finding a new home for your cat.  
We will share this form with potential new adopters.



## BASIC INFORMATION

Today's Date: \_\_\_\_\_

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

Any Nicknames: \_\_\_\_\_

Cat's Current Age: \_\_\_\_\_

Cat's Age When You Got Them: \_\_\_\_\_

Is your cat declawed?  No  Yes-2 paw  Yes-4 paw      Is your cat altered/fixated?  Yes  No  Unknown

Why are you giving up your cat?  Not getting along with other pets (list): \_\_\_\_\_

Did not want the cat to begin with     On the recommendation of: \_\_\_\_\_

Behavior Issues: \_\_\_\_\_

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

How did you obtain this cat?  Friend, neighbor, or family member     Free from an ad     Pet store     Breeder  
 Born at home     Stray     Gift     Adopted from (shelter, rescue, etc.): \_\_\_\_\_

Why did you get this cat?  Companion for:  Myself     Another family member     Another pet  
 Family member got the cat     Unwanted gift     Hunting Cat     Working Cat     Other: \_\_\_\_\_

Was this cat raised with kids?  No     Yes, ages:  0-2     3-5     6-9     10-12     13-15     16+  
How many children? \_\_\_\_\_

Was this cat exposed to your cat(s) :  No cats in home     No     Yes, # of and sex of cats: \_\_\_\_\_  
How did they interact? (select all that apply)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Very affectionate      | <input type="checkbox"/> Playful and energetic  | <input type="checkbox"/> Groomed one another   | <input type="checkbox"/> Slept near one another |
| <input type="checkbox"/> Peacefully coexisted   | <input type="checkbox"/> Ignored each other     | <input type="checkbox"/> Fought w/out injuries | <input type="checkbox"/> Fought w/injuries      |
| <input type="checkbox"/> Caused this cat stress | <input type="checkbox"/> Picked on by other cat | <input type="checkbox"/> Picked on other cat   | <input type="checkbox"/> Hissed/Growled         |
| <input type="checkbox"/> Played too rough       | <input type="checkbox"/> Other: _____           |  |   |

Was this cat exposed to your dog(s):  No dogs in house     No     Yes, size of your dog(s): \_\_\_\_\_  
How did they interact? (select all that apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Played together   | <input type="checkbox"/> Cat rubbed on dog      | <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Cat feared dog         |
| <input type="checkbox"/> Cat tormented dog | <input type="checkbox"/> Slept near one another | <input type="checkbox"/> Avoided each other   | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Dog chased cat    | <input type="checkbox"/> Fought w/out injuries  | <input type="checkbox"/> Fought w/injuries    | <input type="checkbox"/> Cat ran away           |
| <input type="checkbox"/> Hissed/Growled    | <input type="checkbox"/> Other: _____           |   |   |

Was this cat exposed to other species?  No     Yes, what species: \_\_\_\_\_  
What was this cat's reaction:  Friendly     Playful     Tolerant     Afraid

## HOUSING INFORMATION

Where does this cat spend their time?  Inside only     Outside only  
 Inside and Outside: When is this cat inside? \_\_\_\_\_ When is this cat outside? \_\_\_\_\_  
 Outbuilding (garage, barn, etc.): \_\_\_\_\_  Semi-outdoors (screened cat room, fenced cat area, etc.): \_\_\_\_\_  
 Other: \_\_\_\_\_

If this cat goes outside, how does it get out?  
 Cat door     Window     Person lets them out     Other: \_\_\_\_\_

Is this cat restricted to/from any areas?  No     Yes, where: \_\_\_\_\_

Where does this cat sleep at night?

- Inside: Where? \_\_\_\_\_ On what? \_\_\_\_\_ With whom? \_\_\_\_\_  
 Outside: Where? \_\_\_\_\_ On what? \_\_\_\_\_ With whom? \_\_\_\_\_

Was this cat's housing arrangement successful?  Yes  No, explain: \_\_\_\_\_

Does this cat have any favorite daytime perching spots? \_\_\_\_\_

### **FEEDING INFORMATION**

What type of food does this cat eat?

- Canned cat food Brand: \_\_\_\_\_  
 Dry cat food Brand: \_\_\_\_\_  
 Dry mixed with canned Brands: \_\_\_\_\_  
 Special diet: \_\_\_\_\_

How often / how much does this cat eat?

- Once daily Amount: \_\_\_\_\_ Time fed: \_\_\_\_\_  
 Twice daily Amount: \_\_\_\_\_ Time fed: \_\_\_\_\_  
 Free fed Amount: \_\_\_\_\_  Other: \_\_\_\_\_

Does this cat have any favorite treats?  No  Yes, what: \_\_\_\_\_

Would you describe this cat as a "picky eater"?  No  Yes, explain: \_\_\_\_\_

### **EXERCISE AND PLAY INFORMATION**

Does this cat use a scratching post?  Don't have one  No  Yes

What type of surface does this cat prefer to scratch on?

- Carpet  Upholstery  Cardboard  Sisal fiber  Wood  Other: \_\_\_\_\_

When scratching, what type of surfaces does the cat prefer?

- Horizontal/flat  Vertical/upright  Slanted/on an angle

Does this cat receive regular play time with people?

- Yes, daily play sessions  Yes, a few sessions per week  No regular play time

What does your cat enjoy:  Balls  Boxes/paper bags  Laser pointers  Sitting/looking out windows  Stuffed toys

- String  Cat nip  Fake mice  Live prey (bugs, birds, mice, etc.)  Other \_\_\_\_\_

Does this cat play "ambush" games?  No  Yes, explain: \_\_\_\_\_

Does your cat have a strong prey drive?  No  Yes

What is this cat's play style?  Gentle as a lamb  Middle of the road  Rough n' tumble  Not interested in play

What is this cat's activity level?  Low energy  Middle of the road  Extremely active

When is this cat most active?  Daytime  Nighttime  Both

What activities did you do with this cat that the cat enjoyed:

- Petting  Brushing  Playing fetch  Playing tug  Playing chase  
 Rough housing  Running errands  Training games  Training classes  Road trips  
 Quiet companionship  Other: \_\_\_\_\_



Does this cat have a preference for:  Men  Women  Children  Animals: \_\_\_\_\_

Is your cat afraid of?  Strangers  Baths  Vacuum  Loud noises  Car rides  Vet visits  
 Other \_\_\_\_\_

How does this cat react when afraid (hides/growls/etc.): \_\_\_\_\_

Does your cat tend to:  Jump on countertops/tables  Scratch  Bite  Chew plants  Door dash  Vocalize  
 Scratch carpet/furniture  Stay active at night  Climb trees  Other \_\_\_\_\_

How would you describe your cat most of the time? (select all that apply):

- |                                    |  |                                       |  |   |
|------------------------------------|--|---------------------------------------|--|---|
| <input type="checkbox"/> Easygoing | <input type="checkbox"/> Mellow        | <input type="checkbox"/> Active       | <input type="checkbox"/> Very Active   | <input type="checkbox"/> Quick to react |
| <input type="checkbox"/> Nervous   | <input type="checkbox"/> Curious       | <input type="checkbox"/> Fearless     | <input type="checkbox"/> Outgoing      | <input type="checkbox"/> Affectionate   |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Quiet         | <input type="checkbox"/> Solitary     | <input type="checkbox"/> A clown/silly | <input type="checkbox"/> Lap cat        |
| <input type="checkbox"/> Explorer  | <input type="checkbox"/> Escape Artist | <input type="checkbox"/> Couch potato | <input type="checkbox"/> Extremely shy | <input type="checkbox"/> Needy          |
| <input type="checkbox"/> Picky     | <input type="checkbox"/> Feisty        | <input type="checkbox"/> Anxious      | <input type="checkbox"/> Other: _____  |   |

Has your cat ever bitten anyone?  No  Yes, please explain: \_\_\_\_\_

Please list any *additional* information on daily routines for feeding, playing, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you enjoy most about this cat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the ideal home you would like for this cat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would be the wrong home for this cat: \_\_\_\_\_  
\_\_\_\_\_

Please add any additional information that you feel would be helpful for us or a new owner to know about this cat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is this cat's medical history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was the cat's veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

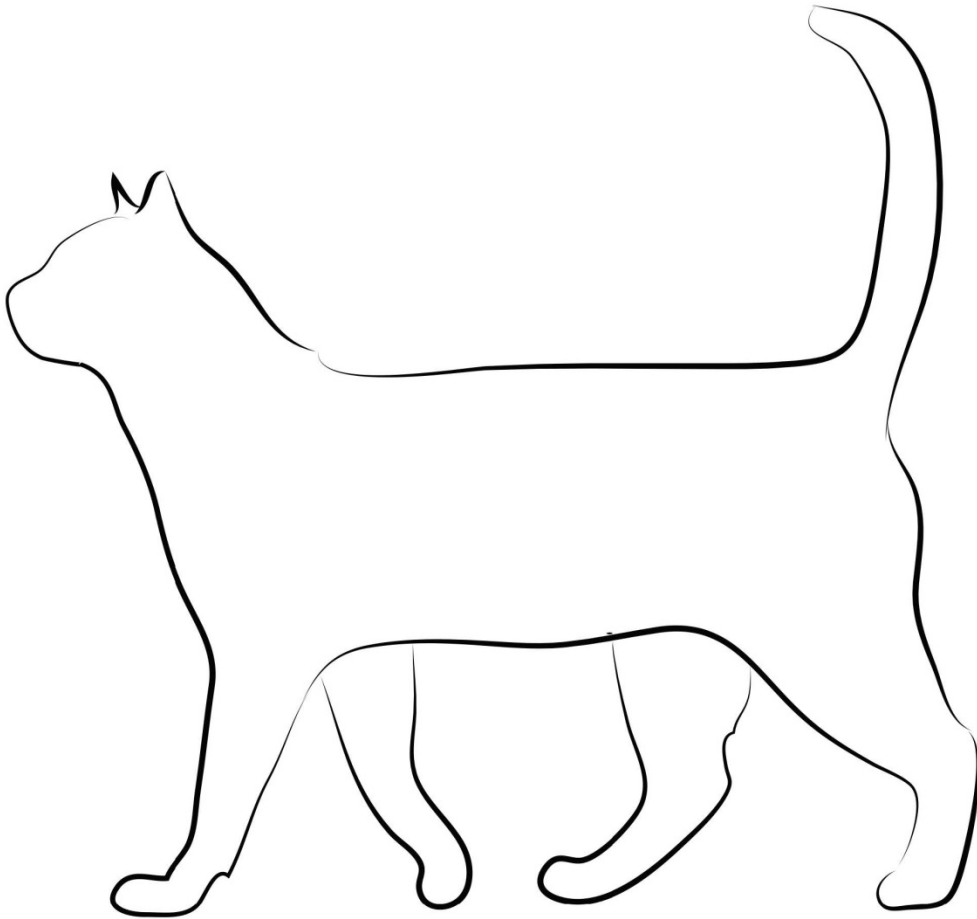
Please sign here so we can access this cat's vet records: \_\_\_\_\_

May the new owner(s) contact you for further information?  No  Yes: \_\_\_\_\_

Optional:

# MY PETTING PREFERENCE CHART

PET NAME \_\_\_\_\_



YES

HMM...OK

MAYBE

EH...

NO!

### Elimination Problem Questionnaire

Help us learn more about your cat's problem by answering the following questions (note "LB" stands for litterbox)

What % of the time does your cat use LB for defecation: \_\_\_\_\_% urination: \_\_\_\_\_%

Other than LB, where is your cat defecating: \_\_\_\_\_ urinating: \_\_\_\_\_

When did you first notice a problem? \_\_\_\_\_ Has it:  Increased  Decreased  Remained same

Is there a noticeable pattern as to when the cat eliminates outside LB? (time of day? home alone?)  No  Yes, explain: \_\_\_\_\_

Is your cat:  Spraying (standing position w/ urine landing on vertical surfaces)  
 Squatting (sitting position w/ urine landing on horizontal surfaces)

Have other animals used these same spots for inappropriate eliminations?  No  Yes, how many: \_\_\_\_\_

What kind of surface is targeted?  Carpet  Wood  Vinyl  Tile  Human's bedding/clothing  A person  
 Bath/shower/sink/basin  Another pet's items  Other: \_\_\_\_\_

Have you caught this cat "in the act?"  No  Yes Does this cat have access to LB 24/7?  No  Yes

How many cats in your household? \_\_\_\_\_ How many LB's? \_\_\_\_\_ In how many rooms? \_\_\_\_\_

Has this cat had a negative experience (medicated, scared, ambushed by another cat, etc.) near LB?  No  Yes

Is LB in noisy (appliances, road, etc.) or busy location or by window?  No  Yes, explain: \_\_\_\_\_

Where are food and water bowls relative to LB's? \_\_\_\_\_

Are any of LB's a type or shape other than standard rectangular?  No  Yes, what: \_\_\_\_\_

What are the dimensions of your LB's \_\_\_\_\_"H x \_\_\_\_\_"L x \_\_\_\_\_"W \_\_\_\_\_"H x \_\_\_\_\_"L x \_\_\_\_\_"W \_\_\_\_\_"H x \_\_\_\_\_"L x \_\_\_\_\_"W

Do LB's have?  Hoods/covers  Automated mechanisms  Liners- unscented  Liners- scented

Which kind of litter:  Clumping  Non-clumping  Sand/clay  Pellets  Crystals  Other: \_\_\_\_\_

Is the litter scented?  No  Yes What is the approx. depth of litter typically in LB's? \_\_\_\_\_

How often do you scoop the LB's? \_\_\_\_\_ clean the LB? \_\_\_\_\_ replace the litter? \_\_\_\_\_

Do you store dirty litter next to LB?  No  Yes, how often do you empty bin: \_\_\_\_\_

Do you use other than soap and water to clean the LB's?  No  Yes, what: \_\_\_\_\_

What are you using to clean the areas of inappropriate elimination? \_\_\_\_\_

Will this cat immediately use a freshly cleaned LB?  No  Yes Does this cat spend time outside?  No  Yes

Did you move, remove, or otherwise physically modify LB's locations?  No  Yes, explain: \_\_\_\_\_

Did you change any of these before the problem started?  Brand of litter  Type/texture of litter  LB style

Any changes or stresses from your cat's point of view:  New schedule  Household move  New baby  
 Baby became "mobile"  Person added/ subtracted from home  Pet added/ subtracted from home  
 Other \_\_\_\_\_

Does this cat:  Strain when peeing/pooping  Have blood in the urine/stool  Lick the genital area excessively  
 Crouch for a long time to pee/poop  Cry during peeing/pooping  Balance on the edge of LB to eliminate

Is this cat drinking more water than usual?  Don't know  No  Yes, how long: \_\_\_\_\_

Is your cat displaying other signs:  appetite loss  weight loss  vomiting  diarrhea  listlessness

What have you done thus far to try to solve this problem?  Changed type of litter  Changed type of LB  
 Added LB  Took cat to vet  Used Feliway  Separate cat from other animals  New LB location  
 Other \_\_\_\_\_

Is there anything else you feel may be relevant to this problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_