



For Office Use: Appointment: _____ A# _____ P# _____ Owner/custodial form <input type="checkbox"/> Owner/custodial contract: <input type="checkbox"/> ID Checked and photocopied: <input type="checkbox"/> Intake Exam form: <input type="checkbox"/>
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Feline Intake Profile

Please complete this intake profile in full detail. Your honest feedback will help HSDR give the best medical care to your pet and help them find the perfect home.

Date: _____

Owner's name: _____ Owner's Phone#: _____
Owner's Email: _____
Address: _____ Apt/Unit _____
Postal Code: _____ City: _____

Cats's name: _____
Breed: _____ Colour: _____
Microchip# _____
Age _____ How long have you had this cat? _____
Gender Male Female Spayed or Neutered? Yes No
Has your cat been declawed? Yes No

Reason for Surrender:

How did you acquire your cat?
 Stray/found: _____ Breeder Other: _____
 Rescue Group: _____ Newspaper/internet
 Colony: _____ Pet store
 Shelter: _____ Friend

Litter Box

Has your cat had any accidents urinating or defecating outside the litter box? **If Yes, please fill out Feline House Soiling Profile at the back of this package.**

Yes No

Handling- Please check all that apply

	Enjoys	Tolerates	Dislikes	Will bite/scratch
Petting face/neck				
Petting lower back				
Touching tail				
Touching paws				
Touching stomach				
Owners picking up				
Owners holding				
Brushing				
Strangers petting				
Strangers picking up				

Other cats

Has your cat ever met or lived with another cat? Yes No **(If yes, see below)**

Please describe how your cat is with other cats:

Dogs

Has your cat ever met or lived with a dog? Yes No **(If yes, see below)**

Please describe how your cat is with dogs:

Children

Has your cat ever met or lived with children? Yes No **(If yes, see below)**

Please describe how your cat is with children:

Play

a) Does your cat like to play? Yes No

b) What type of play does your cat enjoy? **(Check all that apply)**

- Chasing things on the floor Chasing things in the air
 Play with the owner Plays independently
 Likes to play rough with people

Feeding

- Dry food left out all the time Measured amount once a day
 Dry & wet every day Only wet/canned food

What brand/formula of food is your cat accustomed to?

a) Canned: _____

b) Dry: _____

c) Does your cat have a favourite treat? _____

I would describe my cat as:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> High energy | <input type="checkbox"/> Low maintenance |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Shy with new people |
| <input type="checkbox"/> Outgoing/confident | <input type="checkbox"/> Destructive | <input type="checkbox"/> Good with cats |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Vocal | <input type="checkbox"/> Good with children |
| <input type="checkbox"/> High energy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Good with dogs |
| <input type="checkbox"/> Lap cat | <input type="checkbox"/> Night owl | <input type="checkbox"/> Good with change |

My cat is used to being left alone:

- Almost never 8 hours or less most days 8 hours or more most days

How does your cat react when going to the vet?

- Friendly & confident Fearful/tense (but not aggressive) Aggressive
 Haven't taken to a vet

Describe your cat's behaviour when you first acquired it:

- Friendly Took time to adjust Aggressive
 Adjusted quickly Fearful

Has your cat bitten or scratched anyone? Yes No

If yes, please describe the situation:

Is there anything other information about your cat that you feel is important for us to know? In order to match your cat to an appropriate adopter, please provide as much information as possible about what the cats needs to find the best family/home:

Medical

Has your cat ever been to a vet? Yes No

Has your cat been vaccinated? Yes No When? _____

What is the name of the vet clinic used? _____

Clinic's Phone #: _____

Has your cat had any medical concerns in the past? Yes No If yes, please describe: _____

Does your cat currently have any medical issues? Yes No If yes, please describe:

Has your cat ever been on medication? Yes No

What type of medication? _____

Is your cat currently on medication? Yes No If yes, what medication? _____

Has your cat ever had any adverse reactions to medication or vaccines? Yes No

If yes, which medication/vaccine, and what were the effects? _____

Approximate weight of your cat: _____

Have you recently noticed any of the following?

- Changes in water consumption or urination
- Sneezing
- Coughing
- Vomiting
- Diarrhea
- Seizures
- Difficulty urinating
- Bad breath
- Any dental concerns (e.g. gagging, drooling, red gums)
- Other:

Cat with history of house soiling – PROFILE

please only complete this section if your cat is having issues with their litter box

History

1. What is the litter box issue?

- Urinates outside of the litter box
- Defecates outside of the litter box
- Urinates & defecates outside of the litter box

2. How long has the cat been urinating outside the box? _____

3. How long has the cat been defecating outside the box? _____

4. Does the cat ever use the litter box?

- Yes Sometimes No Everyday

5. How often does the cat urinate **outside** the litter box?

- Every day
- Every two days
- 2-3 times a week
- Once per week
- Other _____

6. How often does the cat defecate **outside** the litter box?

- Every day
- Every two days
- 2-3 times a week
- Once per week
- Other _____

7. Is the urine on vertical or horizontal surfaces? (ie: is it urine or “spraying”)

8. Does your cat frequently urinate in the same place outside of the litter box? If so, where?

9. **Where** does the cat **urinate** outside the box? (Check all that apply)

- Clothing (including shoes, purses, bags) Appliances Floor (hard surfaces)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Counters/tables | <input type="checkbox"/> Rugs/Carpets |
| <input type="checkbox"/> Beds | <input type="checkbox"/> Near windows | <input type="checkbox"/> Bathtub |
| <input type="checkbox"/> Beside litter box | <input type="checkbox"/> Near doors | |
| <input type="checkbox"/> Other: _____ | | |

10. **Where** does the cat **defecate** outside the box? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Clothing (including shoes, purses, bags) | <input type="checkbox"/> Appliances | <input type="checkbox"/> Floor (hard surfaces) |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Counters/tables | <input type="checkbox"/> Rugs/Carpets |
| <input type="checkbox"/> Beds | <input type="checkbox"/> Near windows | <input type="checkbox"/> Bathtub |
| <input type="checkbox"/> Beside litter box | <input type="checkbox"/> Near doors | |
| <input type="checkbox"/> Other: _____ | | |

11. Did any of the following changes occur in the cat's environment/routine **BEFORE** the house soiling issues started? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Away for vacation | <input type="checkbox"/> Loss of pet in home |
| <input type="checkbox"/> Renovations | <input type="checkbox"/> New family member in home | |
| <input type="checkbox"/> New animal in home | <input type="checkbox"/> Loss of family member in home | |

The Box

12. What **type of litter** do you use?

- | | | | |
|---|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clay | <input type="checkbox"/> Clumping | <input type="checkbox"/> Scented | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Non-clumping | <input type="checkbox"/> Unscented | |
| <input type="checkbox"/> Crystals | | | |
| <input type="checkbox"/> Corn/wheat based | | | |

13. What **type of litter box** do you have? Covered (with a hood) Self-cleaning
 Uncovered

14. How many litter boxes do you have? _____

15. Where is the litter box kept? _____

16. Are the litter boxes kept side by side? _____

17. How often is the box scooped?

- Every day
 2-3 times per week
 Once per week
 Other _____

18. How often is the litter box washed out?

- Every day
- Every other day
- 2-3 times per week
- Once per week
- Other _____

Other animals

19. How many cats in the house? _____
20. Is there any fighting or tension between the cats in the home? _____
21. How long have the cats been living together? _____
22. Are there any dogs in the household? _____
23. Do the cat and dog get along? _____
24. How long have the dog and cat been living together? _____
25. Does the dog have access to the cats litter box? _____
26. Have you noticed other cats on or near the property surrounding your home? _____

Medical

27. What tests have already been done at your own vet (for example: urinalysis, blood tests, x-rays)?

28. Did the vet prescribe any medication for the behaviour? _____
- 28a. If yes, what? _____
- 28b. For how long? _____
- 28c. Did it help? _____
- 28d. Is the cat currently on this medication? _____
29. Have you noticed any of the following since the issues started? (Check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Frequent trips to the litter box | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Producing small amounts of urine | <input type="checkbox"/> Soft stool, somewhat formed |
| <input type="checkbox"/> Crying or vocalizing while urinating | <input type="checkbox"/> Very large stool |
| <input type="checkbox"/> Straining to urinate | <input type="checkbox"/> Very firm or hard stool |
| <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Small & hard stool |
| <input type="checkbox"/> Large volumes of urine | |



30. What have you used to clean the soiled areas?

31. What have you tried already to resolve this issue? (ex. Multiple boxes, punishment/correction, pheromones, etc)

31. Did any of these things help, make the problem worse?
