



## CAT BACKGROUND INFORMATION

*This information will help us match your cat with the appropriate new owner*

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

Age: \_\_\_\_\_

Gender:

Female

Male

Female Spayed

Male Neutered

Breed: \_\_\_\_\_

How long has this cat lived with you? \_\_\_\_\_

Where did you acquire this cat?

Jacksonville Humane Society

Found/Stray

Friend/Relative

Pet Shop

Another Shelter \_\_\_\_\_

Born at Home

Breeder

Where does this cat live?

Inside Only

Inside/Out  
side

Outside  
Only

If Indoor/outdoor, when did you allow the cat outside? \_\_\_\_\_

Is this cat declawed?

Yes

No

Front  Rear  Both

What kinds of people lived with this cat?

Men

Children (Age twelve and  
older)

Women

Children (Age twelve and  
younger)

Seniors

Handicapped

How would you describe the cat's behavior around children?

Friendly

Shy

Playful

- Tolerant
- Fearful

- Never been with children

Approximately how many hours a day did the cat spend unsupervised? \_\_\_\_\_

How would you describe your household?

- Noisy
- Active
- Quiet

How does this cat react to visitors? \_\_\_\_\_

Does this cat use a litter box?

- Yes
- No

If litterbox accidents were an issue, please describe the accidents:

- Urinates outside the box
- Defecates outside the box
- Urinates (squats) on clothing or furniture
- Other \_\_\_\_\_
- Sprays (vertically – standing up) on walls/furniture
- All of the above

How often were accidents noted?

- Rarely or never
- Monthly
- Other \_\_\_\_\_
- Weekly
- Daily

Where was the litter box(es) located? \_\_\_\_\_

How often was the litter box scooped?

- Every day
- Every few days
- Weekly
- Rarely

What type of litter was used?

- Clumping
- Clay
- Scented
- Other \_\_\_\_\_
- Unscented
- Pine

How many other cats lived with this cat? \_\_\_\_\_

How many litter boxes were available? \_\_\_\_\_

What measures were taken to correct any litter box problems? \_\_\_\_\_

Has your cat been seen by a veterinarian for a litter box problem? \_\_\_\_\_

If yes, what was the outcome? \_\_\_\_\_

Has your cat ever bitten anyone?

Yes

No

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

Does this cat use a scratching post?

Yes

No

Has the cat scratched on furniture?

Yes

No

How does this cat like to be petted? \_\_\_\_\_

Where does this cat dislike being petted? \_\_\_\_\_

Does this cat have any behavioral quirks a new owner should be aware of? \_\_\_\_\_

Which words describe this cats:

Playful

Affectionate

Aloof

Shy

Rambunctious

Vocal

Lazy

Other \_\_\_\_\_

Is this cat frightened of anything? \_\_\_\_\_

What other animals has this cat lived with? \_\_\_\_\_

What other animals does this cat get along with? \_\_\_\_\_

Does this cat have any favorite toys? \_\_\_\_\_

Does this cat like catnip?

Yes

No

Is this cat a hunter?

Yes

No

Is the cat accustomed to (please check all that apply):

Being held and carried

Bathing

Car rides

Nail clipping

Ear Cleaning

Brushing/Combing

How frequently did your cat visit the veterinarian?

Every 6 months

Only when sick

Annually

Never

Does this cat have any old injuries or health problems?

Yes

No

If yes, please describe: \_\_\_\_\_

Does the cat need any medications or special diet?

Yes

No

If yes, please describe: \_\_\_\_\_

What type of food does the cat eat?

Dry

Canned

Moist

Mixture

Table food

Does your cat have a brand or flavor of food he or she prefers? \_\_\_\_\_

When is the cat fed?

Once daily in the morning

Once daily in the evening

Twice daily

Free Fed

Is there anything else you would like to add about your cat? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_