

CAT HISTORY

Camano Animal Shelter Association
198 Can Ku Road
Camano Island, WA 98282
CamanoAnimalShelter.org
360-387-1902



CAT'S NAME _____

CASA ID # _____ - _____

PLEASE CHECK ALL ANSWERS THAT APPLY

DATE: _____

Cat's approx. age _____ years months weeks

How long has this cat lived with you? _____

Is this cat declawed? No Yes *If yes, circle all that apply:* Front Declawed / Back Declawed

Where did you acquire this cat?

- CASA Other Shelter Breeder / Classifieds Pet Shop
 Friend/Relative Rescue Group Found/Stray Born in Your Care

Where has this cat been allowed?

- Indoor Only Inside & Outside Cat-proof Fenced Yard Garage
 Outdoor Only Catio / Cat-proof Patio Other _____

How much time was the cat kept indoors? _____

Where is the cat used to sleeping?

- In Owner's Room In Owner's Bed Outside Garage
 Patio Other _____

What ages of people lived with this cat?

- Adult Men Adult Women Seniors Children (ages) _____

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

- Friendly Playful Tolerant Afraid
 Hissy/Swats Doesn't like small kids Never been with children

How would you describe your household?

- Active Noisy Quiet Average

How does the cat react to visitors?

- Loves them Shy/Hides/Stays Away Doesn't Like/Hissy Never been around them

Does this cat use a litter box? Yes No N/A (I don't have/use a litter box)

How often does the cat have accidents in the house?

- Once a Day Once a Week Never Every time cat is Inside

If there are potty issues has the cat seen a vet to rule out a medical issue? Yes No

Vet Response _____

Other things have you tried to correct this _____

What type of litter do you/have you used?

- Clay/Non-Clumping Clumping Wood Pellets/Shavings Cat Attract None (cat goes outside)

Is this cat use to SHARING a litter box with other cats? Yes No N/A (no other cats or no litter box)

(turn over)

Has this cat ever bitten or badly swiped/clawed anyone intentionally? Yes No Would Never!

If yes, explain _____

Does the cat use a scratching post and/or cat tree? Yes No I don't have one

Does the cat scratch the furniture? Yes No

This cat is used to being allowed on? Furniture Counters Tables Windowsills Sinks N/A

This cat LIKES petting on: Everywhere Head Back Bum Belly Tail _____

This cat DISLIKES petting on: Everywhere Head Back Bum Belly Tail _____

Does this cat have any bad habits a new owner should be aware of? Yes No

If yes, please describe _____

What did you do to correct the problem? _____

Is this cat frightened of anything?

- | | | | |
|--------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Children | <input type="checkbox"/> Brooms |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Thunder | <input type="checkbox"/> Strangers | <input type="checkbox"/> Vacuums |
| <input type="checkbox"/> Water | <input type="checkbox"/> Dogs | <input type="checkbox"/> Hands | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Other _____ | | | |

What other animals has this cat lived with? Cats Dogs Birds Other _____

Does the cat have issues with any animals? No Yes _____

Does the cat like catnip? Yes No I don't know

Is this cat a hunter/mouser? Yes No I don't know

Does the cat have any favorite toys or activities? _____

Which words best describe this cat?

- | | | | | |
|---------------------------------------|---------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Playful | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Shy | <input type="checkbox"/> Lazy | <input type="checkbox"/> Vocal |
| <input type="checkbox"/> Rambunctious | <input type="checkbox"/> "Lap Cat" | <input type="checkbox"/> Quiet | <input type="checkbox"/> Aloof | <input type="checkbox"/> _____ |

Does this cat have any health issues or old injuries? Yes No Describe _____

Is this cat on any medication? Yes No Details _____

When was this cat usually fed? AM PM Free Fed/Food out all day Other _____

What type of food was the cat fed? Dry/Kibble Wet/Canned Both Other _____

What BRAND and flavor of food was the cat fed? _____

This cat is accustomed to: Nail trims Bathing Brushing Professional Grooming _____

Is there anything else we should know about this cat? _____

Cat's Veterinarian and their phone number: _____ (____) _____ - _____

Is this cat current on vaccinations: Yes No I don't know

Last time the cat went to the vet: 6 months or less Within the last year 1-3 years Over 3 years ago