

Name: _____ Cat's Name: _____

Your cat's diet is: Canned Semi-moist Dry food

Brand of food? _____ Feeding times? _____

Cat is: Completely litter trained Sometimes urinates outside box Sometimes defecates outside box

Cat lives: Strictly indoors Indoors and outdoors Outdoors all the time

How many litter boxes are in the home? _____ Type of litter used? _____

Please mark all that apply about your cat:

- | | | |
|--|---|--|
| <input type="checkbox"/> Very vocal, meows a lot | <input type="checkbox"/> Fights with cats | <input type="checkbox"/> Lap cat |
| <input type="checkbox"/> Likes being held | <input type="checkbox"/> Sometimes nips/scratches | <input type="checkbox"/> Likes to play with hands/feet |
| <input type="checkbox"/> Very tolerant | <input type="checkbox"/> Likes to be brushed | <input type="checkbox"/> Hunts rodents/birds |
| <input type="checkbox"/> Frightened by loud noises | <input type="checkbox"/> Nips or bats if petted or handled too long | <input type="checkbox"/> Sedate/mellow |
| <input type="checkbox"/> Wants lots of attention | <input type="checkbox"/> Doesn't like to be picked up | <input type="checkbox"/> Very active |
| <input type="checkbox"/> Scratches furniture | <input type="checkbox"/> Outgoing/friendly with strangers | <input type="checkbox"/> Shy of strangers |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Uses scratching post | |

Cat has lived with: Other cats Dogs Birds/Rodents

Children (ages? _____) Was this successful? _____

Cat likes: Other cats Dogs Birds/Rodents Children Other: _____

Cat doesn't like: Other cats Dogs Birds/Rodents Children Other: _____

Is your cat more active: During the day At night