



Cat History Form

Adoption Return

Less than 30 days [return] Over 30 days [surrender]

Public Guardian Surrender

Appointment Fee Paid Non-refundable

Guardian Name	
Address	
Phone Number	Email
Cat's Name	
How long have you had this cat?	
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered / Spayed
Breed	

Why are you giving up your cat?

Moving Allergies Litterbox New Baby Biting/Scratching No Time

Not getting along with other pets (explain): _____

Not getting along with family members (explain): _____

Behavior Issues: _____

Other: _____

How did you obtain this cat?

SF SPCA Adoption Other Shelter/ Rescue: _____

Newspaper/ Internet Friend Breeder

Found Stray Gift

How was your cat raised?

With Children Single cat With dog(s)

Quiet, adult home With other cat(s) With cat(s) and dog(s)

Where is the cat kept at the home?

Where does this cat spend its time?

Inside Only Outside Only Outbuilding (garage, shed)

Inside *and* Outside: When is this cat inside? _____ When is this cat outside? _____

If this cat goes outside, how does it get out?

Cat Door Window Person lets out Other: _____

If this cat is restricted to/from any areas? Yes No

Please explain: _____

Where does this cat sleep at night:

Inside Where? _____ With whom? _____

Outside Where? _____ With whom? _____

Does this cat have any favorite daytime perching spots? _____

When alone, has the arrangement above been successful? Yes No

If no, explain: _____

Feeding Information

What type of food does this cat eat and how often?

Type: Dry Kibble Only Canned Food Only Dry & Canned
 Special Diet: _____ Brand: _____

How often: Once daily Twice daily Free Fed Amount: _____

Does this cat have any favorite treats? _____

Exercise, Play and Behavior Information [check all that apply]

Does your cat receive regular play time with people? Yes No

What types of items does your cat play with?

Cat Toys String Feathers Balls Bugs, birds, mice, etc. Other: _____

Does your cat use a scratching post? Yes No

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

Cat Tree Scratching Post Cardboard scratcher Jumping on People
 Carpet Upholstery Wood Drapes/Curtains
 Vertical/Upright surfaces Horizontal/flat surfaces Other: _____

Is this cat's activity level: Low energy Medium energy Extremely active

Is this cat most active: Daytime Nighttime Both

Does your cat have any areas it doesn't like to be touched?

Back Tail Other

What makes this cat nervous, or causes it to behave in a different manner than usual?

Men Women Children Strangers Going to the vet Going in the car

Cat Carriers Bathing Brushing Nail Clipping Other cats

Other Animals: _____ Other: _____

Does your cat have a preference for? Men Women Children Animals: _____

How would you describe this cat overall?

[check all that apply]

Calm Friendly Playful Curious Vocal Cuddly Clingy
 Outgoing Standoffish Shy Fearful Confident Dependent Independent
 Aggressive Other: _____

Litter Box Information - If applicable

Number of cats in your home? _____ Number of litter boxes in your home? _____

What size and type of litter box do you use?

Covered Uncovered Other: _____

Type of litter? [check all that apply]

Clay Pine Litter Pellet Crystals or pearls Scoop-able
 Scented Unscented Other: _____

The litter box is?

- Scooped: Daily Weekly Monthly When it smells bad
 Dumped: Daily Weekly Monthly When it smells bad
 Cleaned: Daily Weekly Monthly When it smells bad

What do you use to clean the litter box (bleach, pine sol, detergent, exyme, etc.)? _____

Where is the litter box located? [check all that apply]

- Main Floor Second Floor Basement Bedroom Laundry Room
 Kitchen In a closet Under furniture Bathroom Outside

Is your cat litter box trained? Yes No

If no, explain: _____

Has your cat ever had an accident outside the litter box? Yes No Urine Feces Both

If yes, where was the accident? [check all that apply]

- Next to the box On carpet or rug On clothes/towels/ bedding On furniture
 In bathtub/ shower Spraying on vertical surface On tile/wood/concrete
 Other: _____

How often were these accidents?

- Daily Few times / week Couple of times month Monthly Few times / year
 Other: _____

Any recent changes in household or routine that might have triggered the problem?

- Moved New baby work hours new pet Construction

Has your cat seen a veterinarian for this problem? Yes No

Was the problem resolved? Yes No, ongoing problem Only occasional relapse

Veterinarian Information

Name of Veterinarian or Clinic: _____

Date of last visit: _____ Current on Vaccinations: _____

Other Information

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

Please describe the ideal home you would like for this cat:

When complete, please fax to 415-554-3069 or email to re-homing@sfspca.org.