



## Cat Admission Profile

GENERAL PET INFORMATION					
Intake Date:		Animal ID# (ARLGP TO ENTER):			
Cat's Name:			Age:		
Gender:	MALE	FEMALE	UNKNOWN	Spayed/Neutered:	YES NO
Does this cat have:	TATTOO	MICROCHIP	NOT SURE	Is this cat declawed?	YES NO
If declawed, what paws are declawed?		ALL 4 PAWS	JUST FRONT PAWS		
If declawed, when was it done?		AS A KITTEN	AS AN ADULT	UNKNOWN	

PET HISTORY	
What is the reason you are admitting this cat?	
How long have you had this cat?	Including your home, how many homes has this cat had?
Where did you acquire this cat?	
<input type="checkbox"/> From the ARLGP	
<input type="checkbox"/> From another shelter (please name):	
<input type="checkbox"/> Found as stray	
<input type="checkbox"/> Free ad online	
<input type="checkbox"/> From a friend/relative	
<input type="checkbox"/> Pet Store	
<input type="checkbox"/> Breeder	
<input type="checkbox"/> Born in my home	
<input type="checkbox"/> Other (please specify):	

MEDICAL HISTORY
Does this cat have a veterinarian? YES NO
If yes, what practice/veterinarian do they see?
Has this cat ever had/does this cat have a medical condition, illness, surgery, or emergency? Please explain:

PET PERSONALITY			
<b>What is this cat's activity level?</b>	VERY ACTIVE	MODERATELY ACTIVE	COUCH POTATO
<b>Is this cat friendly?</b>	FRIENDLY TO FAMILY	FRIENDLY TO VISITORS	BOTH
<b>Comments about friendliness:</b>			
<b>Do you consider this cat to be shy and/or fearful?</b>			
<b>Is this cat talkative?</b>	YES	NO	<b>Does this cat like to purr?</b> YES NO
<b>Please circle this cat's level of affection:</b> (not at all) 1 2 3 4 5 6 7 8 9 10 (very affectionate)			
<b>Would you describe this cat as social or independent?</b>	SOCIAL	INDEPENDENT	
<b>Which does this cat prefer?</b>	SITTING IN YOUR LAP	SITTING NEXT TO YOU	IN THE SAME ROOM NONE
<b>Does this cat enjoy being held?</b>	YES	NO	<b>Does this cat like to play?</b> YES NO
<b>What toys does this cat enjoy?</b>	<b>When this cat plays, do they use their claws?</b> YES NO		
<b>When this cat plays, do they use their teeth?</b>	YES	NO	<b>Does this cat fetch toys?</b> YES NO
<b>Does this cat like to play in water?</b>	YES	NO	<b>Do you describe this cat to be like a dog?</b> YES NO
<b>Please circle this cat's fearfulness:</b> (no fears) 1 2 3 4 5 6 7 8 9 10 (afraid of everything)			
<b>If this cat had a career, what would it be?</b>			

LIFESTYLE & HOME			
<b>What would you consider the activity level your household?</b>	A LIBRARY	MIDDLE OF THE ROAD	A CIRCUS
<b>How long is this cat left alone for?</b>	MORE THAN 9 HOURS/DAY	4-8 HOURS/DAY	LESS THAN 4 HOURS/DAY
<b>Is this cat indoor/outdoor? Please describe:</b>			
<input type="checkbox"/> Always indoors	<input type="checkbox"/> Outdoors at night	<input type="checkbox"/> Outdoors during the day	
<input type="checkbox"/> Has access in/out when they want	<input type="checkbox"/> Always outdoors (barn cat, etc.)		
<input type="checkbox"/> Other (please specify):			
<b>What is this cat's favorite spot to be? (couch, cat tree, bed, etc.):</b>			
<b>Has this cat lived with other cats?</b>	YES	NO	UNKNOWN
			<b>If yes, how many other cats?</b>

<b>What were the genders of the other cats?</b> MALE    FEMALE	<b>Were the other cats spayed/neutered?</b> YES    NO			
<b>Were interactions with other cats:</b> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> OTHER:				
<b>Describe this cat's interactions with other cats:</b>				
<input type="checkbox"/> Adored each other	<input type="checkbox"/> Played together	<input type="checkbox"/> Groomed each other		
<input type="checkbox"/> Slept near each other	<input type="checkbox"/> Peacefully coexisted	<input type="checkbox"/> Tolerated each other		
<input type="checkbox"/> Ignored each other	<input type="checkbox"/> Fought <i>without</i> injuries	<input type="checkbox"/> Fought <i>with</i> injuries		
<input type="checkbox"/> Caused this cat stress	<input type="checkbox"/> Rough with others			
<b>Has this cat ever lived with dogs?</b> YES    NO				
<b>If yes, what kind of dog? (small/medium/large):</b>				
<b>Describe this cat's interactions with dogs:</b>				
<input type="checkbox"/> Adored each other	<input type="checkbox"/> Peacefully coexisted	<input type="checkbox"/> Sniffed noses		
<input type="checkbox"/> Slept near each other	<input type="checkbox"/> Fought <i>without</i> injuries	<input type="checkbox"/> Ignored each other		
<input type="checkbox"/> Avoided each other	<input type="checkbox"/> Fought <i>with</i> injuries	<input type="checkbox"/> Cat tolerated the dog		
<input type="checkbox"/> Groomed each other	<input type="checkbox"/> Dog chased cat	<input type="checkbox"/> Other:		
<input type="checkbox"/> Cat rubbed on the dog	<input type="checkbox"/> Cat tormented dog			
<input type="checkbox"/> Played with each other	<input type="checkbox"/> Cat ran from dog			
<b>Has this cat regularly been around children?</b> YES    NO    NOT SURE				
<b>If yes, what age of children?</b>	0-2 YEARS	3-5 YEARS	6-10 YEARS	11+ YEARS
<b>If this cat lived with children under 6, how did the child and cat interact?</b>				
<input type="checkbox"/> Cat actively avoided child	<input type="checkbox"/> Child could pet the cat	<input type="checkbox"/> Cat & child played together		
<input type="checkbox"/> Cat hissed or growled at child	<input type="checkbox"/> Ignored each other	<input type="checkbox"/> Mutual adoration		
<input type="checkbox"/> Other (please describe):				
<b>Have the experiences with the cat and children always been positive?</b> YES    NO				
<b>If no, please explain:</b>				
<b>Please tell us things that you <u>love</u> about this cat:</b>				

<b>Does this cat? (check all that apply)</b>			
<input type="checkbox"/> Jump on counters/tables	<input type="checkbox"/> Scratch furniture	<input type="checkbox"/> Chew Plants	<input type="checkbox"/> Scratch doors/cabinets
<input type="checkbox"/> Chew Personal items	<input type="checkbox"/> Climb Curtains		
<input type="checkbox"/> Other challenging habits:			
<b>How did you attempt to correct these challenges?</b>			

<b>PET DIET</b>	
<b>What brand of food is this cat eating?</b>	
<b>Are there other brands that the cat has enjoyed?</b>	<b>Does this cat eat:</b> DRY FOOD WET FOOD BOTH
	<b>Other:</b>
<b>What types of treats does this cat enjoy?</b>	
<b>How often is this cat fed?</b> <input type="checkbox"/> FOOD IS ALWAYS AVAILABLE <input type="checkbox"/> DESIGNATED MEAL TIMES	

<b>LITTERBOX HABITS</b>	
<b>Did this cat exclusively use a litterbox in the house, without issues?</b> YES NO	
<b>IF YOU ANSWERED YES TO THIS QUESTION, YOU CAN SKIP THE REMAINDER OF THE LITTERBOX SECTION.</b>	
<b>If you answered no above, does this cat only go to the bathroom outdoors?</b> YES NO SOMETIMES	
<b>Does this cat have any of the following litterbox "accidents"</b>	
<input type="checkbox"/> URINATES OUTSIDE THE BOX	<input type="checkbox"/> URINATES ON CLOTHING/FURNITURE
<input type="checkbox"/> DEFICATES OUTSIDE THE BOX	<input type="checkbox"/> SPRAYS ON WALLS/FURNITURE
<input type="checkbox"/> OTHER:	
<b>How often do they have the accidents checked above?</b>	<b>How often is their litterbox scooped?</b>
<b>Did the accidents occur when the litterbox was not clean?</b>	<b>How often was the litterbox scooped?</b>
<b>Where was their litterbox located?</b>	
<b>What type of litter was used?</b> <input type="checkbox"/> UNSCENTED <input type="checkbox"/> SCENTED <input type="checkbox"/> CLUMPING <input type="checkbox"/> NON-CLUMPING <input type="checkbox"/> PINE	
<input type="checkbox"/> OTHER:	
<b>Are there other animals in the home?</b> <input type="checkbox"/> NO OTHER ANIMALS <input type="checkbox"/> OTHER CATS <input type="checkbox"/> OTHER DOGS <input type="checkbox"/> BIRDS/RODENTS	

**If you have other cats, how many litterboxes were available?**

**If this cat had litterbox issues/accidents, when did they begin?**  PAST MONTH  PAST YEAR  ONGOING

**Can you pinpoint an event that triggered this cat's litterbox accidents? (EX: new baby, new pet, moved homes, etc.)**

**Please describe what measures you took to correct litterbox issues:**

**Have you tried multiple boxes?** YES NO

**Have you recently switched litter?** YES NO

**Has this cat been to a veterinarian to rule out any medical issues causing inappropriate litterbox habits?**

**If yes, what was the outcome/diagnosis?**

**If you have additional information, thoughts, or observations to share about this cat, please feel free to use this space to tell us:**