



For Office Use:  
A# \_\_\_\_\_  
P# \_\_\_\_\_  
Scanned  Logged  Memo   
Previous THS animal >24912612  
 If yes, print medical records from  
Kennel Card Drive

## Feline Intake Profile: Transfer/Cu

**Date:** \_\_\_\_\_ **Caretaker's**  
**Name:** \_\_\_\_\_  
**Caretaker's Phone:** \_\_\_\_\_ **Caretaker's Email:** \_\_\_\_\_  
**Caretaker's**  
**Address:** \_\_\_\_\_  
**Agency (if applicable):** \_\_\_\_\_

**Cat's name:** \_\_\_\_\_ **Breed: DSH DMH DLH :** \_\_\_\_\_  
**Colour:** \_\_\_\_\_

**Microchip #:** \_\_\_\_\_ (Domestic Shorthair, Domestic Medium Hair,  
Domestic Longhair)

Reason for Surrender:  
\_\_\_\_\_  
\_\_\_\_\_

1. Age \_\_\_\_\_
2. How long has this cat been in your care?  
\_\_\_\_\_
3. Gender  
 Male  Female  Unsure
4. Spayed or Neutered?  
 Yes  No  Unsure
5. Has this cat been declawed?  
 Yes  No  Unsure
6. If yes, which paws?  
 Front  All four
6. How did you acquire this cat? Please provide as much information as possible, including the last two facilities this cat has been through if applicable as well as dates.  
 Stray/found: \_\_\_\_\_  
 Rescue Group: \_\_\_\_\_  
 Shelter: \_\_\_\_\_  
 Colony: \_\_\_\_\_  
 Friend \_\_\_\_\_  
 Other: \_\_\_\_\_
7. If coming from a colony or as a stray, is this cat currently inside?  
\_\_\_\_\_



8. How long has this cat been inside?  
\_\_\_\_\_

9. Has this cat bitten anyone in the last 10 days?  Yes  No

a. If yes, did it break the skin?  Yes  No

10. Does this cat enjoy being handled by you?  
\_\_\_\_\_

11. Does this cat enjoy being handled by other people?  
\_\_\_\_\_

12. How long did it take before you were able to pet the cat?  
\_\_\_\_\_

13. How long does it take before other people can pet the cat?  
\_\_\_\_\_

14. Does this cat require socialization prior to adoption?  
\_\_\_\_\_

Please check all that apply

	Enjoys	Tolerates	Dislikes	Will bite/scratch
Petting face/neck				
Petting lower back				
Touching tail				
Touching paws				
Touching stomach				
Owners picking up				
Owners holding				
Brushing				
Strangers petting				
Strangers				



picking up				
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**14. Litter Box**

a) Has this cat had any accidents urinating or defecating outside the litter box?  
 Yes                       No

**15. Scratching post**

What type of scratching post does this cat use?

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**16. Feeding**

Dry food left out all the time                       Measured amount once a day  
 Dry & wet every day                       Only wet/canned food

What brand/formula of food have you fed this cat at your home/facility?

a) Canned: \_\_\_\_\_  
b) Dry: \_\_\_\_\_

17. I would describe this cat as:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Friendly           | <input type="checkbox"/> High energy | <input type="checkbox"/> Low maintenance        |
| <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Aggressive  | ** <input type="checkbox"/> Shy with new people |
| <input type="checkbox"/> Outgoing/confident | <input type="checkbox"/> Destructive | ** <input type="checkbox"/> Good with cats      |
| <input type="checkbox"/> Playful            | <input type="checkbox"/> Vocal       | <input type="checkbox"/> Good with children     |
| <input type="checkbox"/> High energy        | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Good with dogs         |
| <input type="checkbox"/> Lap cat            | <input type="checkbox"/> Night owl   | <input type="checkbox"/> Good with change       |

\*\* If Aggressive or Destructive, please explain:

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18. Describe this cat's behaviour when you first acquired it:

- Friendly                       Took time to adjust                       Aggressive  
 Adjusted quickly                       Fearful

19. To the best of your knowledge, was this cat primarily indoors or outdoors?

- Indoors                       Outdoors

21. Is there anything else you would like to tell us about this cat?

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# Medical

1. Have you taken this cat to a vet?  Yes  No **(If yes, see below)**  
How does this cat react to the vet?  
 Friendly & confident  Fearful/tense (but not aggressive)  Aggressive  
What is the name of the vet clinic used? \_\_\_\_\_
2. Has this cat been vaccinated?  Yes  No When? \_\_\_\_\_
3. Has this cat had any medical concerns in the past that you are aware of?  Yes  
 No  
If yes, please describe: \_\_\_\_\_
4. Does this cat currently appear to have any medical issues?  Yes  No  
If yes, please describe: \_\_\_\_\_
5. To the best of your knowledge has this cat ever been on medication?  Yes  No  
What type of medication? \_\_\_\_\_
6. Is it currently on medication?  Yes  No  
If yes, what medication? \_\_\_\_\_
7. Have you recently noticed any of the following:
  - Changes in water consumption or urination
  - Changes in appetite (eating more or less)
  - Changes in energy level
  - Sneezing
  - Coughing
  - Vomiting
  - Diarrhea
  - Difficulty urinating
  - Bad breath
  - Any dental concerns (e.g. gagging, drooling, red gums)
  - Other:

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