



## OWNER/DONOR INFORMATION

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Relation to cat \_\_\_\_\_ Reason for relinquishment \_\_\_\_\_  
(if not owner, please explain) (explain further on page 2)

## CAT INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
**\*\*valid documentation required**

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Vet clinic & city \_\_\_\_\_ Declawed? \_\_\_\_\_

## PERSONALITY PROFILE

Please approximate where your cat would fall on each spectrum below:

- Outgoing, not scared of new people/places/etc. ←————→ Timid, scared of unfamiliar experiences
- Overtly affectionate—enjoys petting, laps, etc. ←————→ Independent, prefers time alone
- Active and energetic, likes to play with toys ←————→ Sleeps a lot, not much interest in toys
- Likes to be groomed ←————→ Despises combs and brushes
- Always uses a litter box ←————→ Never uses a litter box (which is OK)
- Always gentle no matter the circumstances ←————→ Will scratch or bite if fearful or anxious

Please further describe your cat's behavior, likes/dislikes, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## DIETARY PREFERENCES

Any known food allergies/sensitivities?                      My cat usually prefers to eat:                      My cat also likes:

YES      NO                      DRY      CANNED      BOTH      UNKNOWN                      TREATS      "PEOPLE FOOD"

Please describe your cat's diet—brand(s), amounts fed, frequency, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HEALTH/VETERINARY HISTORY

Health history is **required** for all cats. The submission of comprehensive veterinary records is **strongly** encouraged, and is of particular importance for any cat in the 13-15 year age range for eligibility determination. We realize it may not be possible to obtain official veterinary documentation in certain circumstances. If applicable to you, please describe these circumstances in as much detail as possible.

Date of last exam \_\_\_\_\_ Due date of next exam \_\_\_\_\_ Date of last rabies vaccination \_\_\_\_\_

Please describe all known medical issues and/or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICATIONS/TREATMENTS

Please list any medications/treatments that your cat currently receives:

Medication name	Dose	Frequency, time(s) &/or day(s) given	Instructions/comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REASON FOR RELINQUISHMENT

Please describe your reason(s) for relinquishment / application into our sanctuary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_