

Cat's name: _____

Animal ID Number: _____
FOR OFFICE USE ONLY

Nickname: _____

Litter box History

Challenges surrounding litter box usage is one of the main reasons cats are surrendered to the Animal Humane Society. Please help us by giving as much detailed and accurate information as possible.

Does your cat have 24 hour access to a litter box in the home? Yes No

If no, did your cat use the bathroom outdoors? Yes No

Is the litter box: Covered Uncovered

Is the cat particular about litter? Yes No If so, what type/brand? _____

Does the cat ever have accidents in the home? Yes No

If yes, please describe the accidents:

- Urinates outside the box
- Urinates on clothing/furniture
- Defecates outside the box
- Sprays on walls/furniture
- All of the above
- Other _____

How often was litter box scooped? Every day Every few days Weekly

Other please describe

Where was the litter box kept? _____

If you have other cats, how many shared a litter box?

- One
- Two or more
- Many cats shared one box
- Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin?

- Past week
- Past month
- Past year
- Ongoing

If litter box accidents were an issue please list any event(s) that might have influenced or triggered inappropriate litter box use (moving, new baby, new pet). _____

If litter box accidents were an issue, please describe the measures you have taken to correct this problem. _____

Has your cat been to the veterinarian to rule out infection or underlying health issues?

- Yes
- No

If yes, what was the outcome? _____

Medical History and Behavior towards the Veterinarian

Has this cat ever had surgery? Yes No Unknown

If yes, please explain: _____



How does your cat behave during visits to the vet? _____

Is there anything else we should know about your cat's medical history? _____

Household History

Was this cat allowed outdoors? Yes No

If yes, did you have him or her on a harness and leash while outside? Yes No

How did your cat usually interact with the following in your home?

Cats _____

Dogs _____

Children _____

Unfamiliar adults _____

Does the cat do any of the following? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Jump on counters | <input type="checkbox"/> Scratch furniture | <input type="checkbox"/> Chew Plants |
| <input type="checkbox"/> Scratches doors/cabinets | <input type="checkbox"/> Chew personal items | <input type="checkbox"/> Climb curtains |
| <input type="checkbox"/> Digs in garbage | <input type="checkbox"/> Vocalizes too much | <input type="checkbox"/> Other _____ |

How did you attempt to correct the problem(s)? _____

How would you describe this cat's usual behavior? (check all that apply)

- | | | | |
|---|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Very active | <input type="checkbox"/> A clown | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Shy to family | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Talkative | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Quiet | <input type="checkbox"/> Lap cat | <input type="checkbox"/> Playful |
| <input type="checkbox"/> More like a dog | <input type="checkbox"/> Fearful | <input type="checkbox"/> Fearless | <input type="checkbox"/> Solitary |

When playing does your cat ever bite, scratch or exhibit behaviors you would consider rough?

- Yes No

If yes, please explain _____

Where does this cat like to sleep?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> On furniture | <input type="checkbox"/> In his/her bed | <input type="checkbox"/> With a person | <input type="checkbox"/> Anywhere sunny / warm |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Under furniture | <input type="checkbox"/> Other: _____ | |

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

