



Franklin Animal Shelter

Cat Intake Form

Owner: _____ Date: _____

Address: _____ Email: _____

Telephone: _____

Cats Name: _____ Age: _____ Sex: Male; Female

Spayed or Neutered: Yes; No Breed: _____

Where did you obtain the cat?

| |
|--------------------------------------|
| <input type="radio"/> Humane Society |
| <input type="radio"/> Breeder |
| <input type="radio"/> Pet Shop |
| <input type="radio"/> Friend |
| <input type="radio"/> Other: _____ |

Why is the cat being surrendered?

| |
|--|
| |
|--|

How long has the cat been owned? _____

How would you describe the cat?

| |
|---|
| <input type="radio"/> Family Cat |
| <input type="radio"/> Cat for Adults Only |
| <input type="radio"/> 1 Person Cat |
| <input type="radio"/> "Cuddle Bum" |
| <input type="radio"/> Other: _____ |

Does the cat use a litter box? Yes; No

Is the cat an indoor cat; outdoor cat; both

What food is the cat fed? _____

Is the cat the only cat in the home? Yes; No

If no, list the breed, age and sex of others:

| Cat Breed | Age | Sex |
|-----------|-----|-----|
| | | |
| | | |
| | | |

Does the cat live with other animals in the home? Yes; No

If yes, list the species, age and sex of other animals:

| Species | Age | Sex |
|---------|-----|-----|
| | | |
| | | |
| | | |

Where is the cat kept when you leave home?

| | |
|---|---|
| <input type="radio"/> Loose in the home | <input type="radio"/> Restricted to a room(s) |
| <input type="radio"/> Caged or crated | <input type="radio"/> Left outside |

Is the cat destructive when left alone? Yes; No

If yes, what are the behaviors? (Check all that apply)

| | |
|--|--|
| <input type="radio"/> Scratches doors or windows | |
| <input type="radio"/> Chews | <input type="radio"/> Pees or Poos out of litter box |
| <input type="radio"/> Other: | |

What steps have you taken to correct inappropriate behaviors?

| |
|--|
| |
|--|

Has the cat interacted continuously with children? If yes, what ages: _____

Can the cat be left safely with children? Yes; No

How does the cat play? Roughly; Politely

Would you describe your cat as:

| | | |
|--------------------------------|--------------------------------|----------------------------------|
| <input type="radio"/> Friendly | <input type="radio"/> Shy | <input type="radio"/> Aggressive |
| <input type="radio"/> Hyper | <input type="radio"/> Stubborn | <input type="radio"/> Other |

Does the cat allow you to: (Check all that apply)

| | |
|---------------------------------------|----------------------------------|
| <input type="radio"/> Pick him/her up | <input type="radio"/> Groom |
| <input type="radio"/> Bathe | <input type="radio"/> Trim nails |

Does the cat display fear behavior? Yes; No

If yes, which behaviors? (Check all that apply)

| | |
|--|---|
| <input type="radio"/> Visitors/Strangers | <input type="radio"/> Loud noises/Thunder |
| <input type="radio"/> Separation Anxiety | <input type="radio"/> Vacuum/Household Appliances |
| <input type="radio"/> Other | |

Name/Address of Veterinarian:

| |
|--|
| |
|--|

Date of Last Visit: _____ Vaccinations Up-to-date: Yes; No

(Please provide all vaccination records and other treatment records available.)

Has the cat displayed recent changes in behavior, activity or condition? Yes; No

If yes, please check all that apply:

| | | |
|--|---|--|
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Limping | <input type="checkbox"/> Scooting on Butt |
| <input type="checkbox"/> Eye Disorder | <input type="checkbox"/> Gagging | <input type="checkbox"/> Bleeding of Gums |
| <input type="checkbox"/> Changes in Urination Patterns | <input type="checkbox"/> Depression | <input type="checkbox"/> Head Shaking |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Scratching | <input type="checkbox"/> Increase/Decrease of Water Intake |
| <input type="checkbox"/> Poor Balance | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Other: | | |

Owner's Acknowledgements:

- I can no longer care for this cat and, by surrendering the cat to the Franklin Animal Shelter, I am relinquishing any and all ownership rights.
- I understand that by surrendering my cat I will be unable to determine its final disposition. I understand that the Franklin Animal Shelter will not sell animals for research, is a limited-access shelter and will not euthanize animals unless they are deemed unadoptable for health or demeanor reasons.
- I agree that neither the Shelter nor its employees will incur any obligation to me as a result of any disposition.
- I understand that if I wish to reclaim this cat, the Franklin Animal Shelter may or may not allow reclamation and I will be liable for all expenses, direct and indirect, incurred by the Shelter while in the custody of the Shelter.
- I assert that this cat is my property and has not been taken from another owner with or without his/her permission.
- To the best of my knowledge, this cat is; is not healthy.

Signature: _____ Date: _____

If this form is completed and submitted via email, my initials serve as my signature until such time as I may sign it in person.

INITIALS