



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?

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