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ANIMAL INFORMATION	
Where did you get the animal from?	
If given this animal, why was he/she given to you?	
How old was the animal when you got him/her (if unknown, write unknown)?	
How long have you had this animal?	
If microchipped, who is the contact person on the microchip form (to the best of your knowledge)?	
Has the cat ever had any medical or dietary issues?	

EXPERIENCES & SOCIABILITY					
<i>Mandatory information – must be supplied to accept surrender</i>					
Has the cat lived with another cat in the family home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How does your cat react with other cats?		<input type="checkbox"/> No contact	<input type="checkbox"/> Friendly	<input type="checkbox"/> Wary	<input type="checkbox"/> Aggressive (wouldn't trust)
If answered 'wary or aggressive', please provide more details:					
Has the cat ever had contact with children?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what age/s were the children?					
How did the cat/s interact with the children?		<input type="checkbox"/> Plays in friendly, gentle manner	<input type="checkbox"/> Is wary/scared of children		
		<input type="checkbox"/> Gets very excitable and rough	<input type="checkbox"/> Would not trust with children		
Please provide more details if known:					
What is the cat like with strangers?		<input type="checkbox"/> No contact	<input type="checkbox"/> Friendly	<input type="checkbox"/> Wary	<input type="checkbox"/> Aggressive (wouldn't trust)
If answered 'wary or aggressive', please provide more details:					
Has the cat shown any aggression towards anyone or bitten anyone?		<input type="checkbox"/> Never shown aggression			
		<input type="checkbox"/> Scratched			
		<input type="checkbox"/> Bitten			
Please provide more details:					

Is the cat used to using a litter tray?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the cat like to be petted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the cat like to be picked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the cat ever been destructive to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where does the cat spend most of its time?	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside
Please provide more details:		

OTHER INFORMATION
Is there any other information about the cat/s that may be useful for us to know?

Office Use Only		
<input type="checkbox"/> Form checked for responses & contact information	<input type="checkbox"/> Microchip form printed & cross-checked for accuracy of owner	
<input type="checkbox"/> Photo taken	<input type="checkbox"/> Animal created in P&R / memo completed	
<input type="checkbox"/> Paperwork and photo scanned/attached to animal record		
AFO Name:	AFO Signature:	Date Completed:
Senior/Coordinator Name:	Senior/Coordinator Signature:	Date: