

Surrender Prevention Workshop Handout Intake Form

Owner/Surrender's Name:

Owner/Surrender's Address, Phone, Email:

Stated behavior problem:

How long the behavior has existed:

Basic information on the Cat(s)

Cat's name(s):

Age:

Sex: M/F

Spay/Neuter: Y/N

How long has cat been in home:

Where the cat came from:

Household information

Other pets in household (name, age, sex, s/n):

Total people in household:

Number of adults:

Number and ages of children:

Home environment information

Size of home:

Indoor only or Indoor/Outdoor:

Interactive play with a fishing pole/wand toy daily schedule (a human is actively playing with the cat):

Cat-friendly home:

Vertical space/high resting spaces:

Hiding/retreat spaces:

Scratching posts:

Other environmental enrichment (puzzle feeders, interactive activity toys):

Type of household (quiet, loud, busy):

Stated use of punishments (spray bottles, reprimands)

Any changes in the home recently that may have stressed the cat (new people/pets, schedules, sounds, smells, objects):

Litter Box Problems

Urination and/or defecation outside the box:

Frequency of the cat avoiding the litter box:

Frequency of the cat using the litter box:

Problem constant or intermittent:

Location(s) the cat is eliminating outside the box:

Noticeable patterns (Time of day, Home alone, Certain people):

Medical issues past:

Medical issues current:

Cat in discomfort when eliminating (straining, blood):

Number of litter boxes:

Type of boxes such as covered/uncovered, side height:

Automatic box y/n:

Domed box y/n:

Top entry box y/n:

Location description:

Type of litter:

Litter texture:

Litter scent:

Any brand/type changes in litter:

Frequency of scooping/cleaning:

Changes in the home, big or small, that may have caused the cat stress:

Sources of stress for the cat:

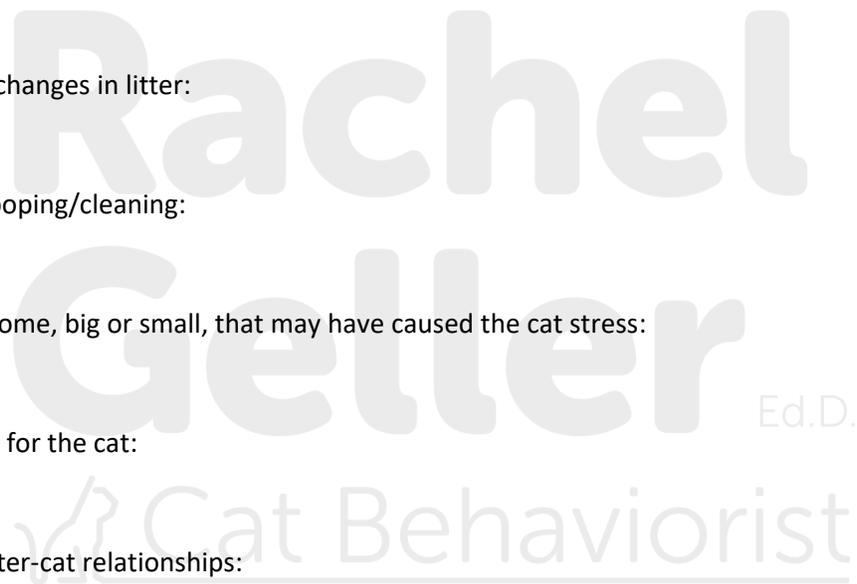
Description of inter-cat relationships:

Bullying/intimidation/posturing behaviors:

Steps the client has taken to resolve the problem:

Advice offered:

When follow-up call should be made:



Scratching Issues

Item(s) being scratched:

Horizontal scratching y/n:

Vertical scratching y/n:

Current scratching post setup:

Location of scratching posts:

Number of scratching posts:

Texture:

Height:

Stability/size of base:

Scratching pads:

Current deterrents (if any):

Steps the client has taken to resolve the problem:

Advice offered:

When follow-up call should be made:





Aggression issues

Client description of behavior:

When did this behavior begin:

Frequency of the behavior:

Time of day/situation that the behavior is occurring:

Triggers for behavior:

Severity of behavior (hissing, growling, physical contact, blood):

Specific person who is the target:

Visitors:

Child target(s)

Adult target(s)

Vet visit to rule out pain aggression:

Steps the client has taken to resolve the problem:

Advice offered:

When follow-up call should be made:

Additional Notes:

