



This form is detailed and will require time to complete fully. It is important that you answer all questions to the best of your ability so your cat can be placed with an appropriate foster carer.

**Please include as much information as possible and return to your case worker.**

**ABOUT YOU**

Name: \_\_\_\_\_

Safe address: \_\_\_\_\_

Safe mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact person name: \_\_\_\_\_

Alternate contact phone: \_\_\_\_\_

Shelter where your case worked is based: \_\_\_\_\_

Case worker's name: \_\_\_\_\_ Case worker's phone: \_\_\_\_\_

Case worker's email: \_\_\_\_\_

**ABOUT YOUR CAT**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female Weight: \_\_\_\_\_ Colour: \_\_\_\_\_

Sterilised:  Yes  No If no and if your cat is female, when was she last in season? \_\_\_\_\_

Usual vet clinic: \_\_\_\_\_ Date of last vaccination: \_\_\_\_\_

Microchip number (if known): \_\_\_\_\_

Who is currently caring for your cat? \_\_\_\_\_

Current location of cat: \_\_\_\_\_

Where did you obtain your cat? \_\_\_\_\_

What age was your cat when you acquired him/her? \_\_\_\_\_

Does your cat have any medical conditions?  Yes  No

If yes, please detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your cat receiving any treatments or medication?  Yes  No

If yes, please detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERNAL USE ONLY**

SM#: \_\_\_\_\_

Intake date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THE HOME ENVIRONMENT

Please list each family member currently living in the home:

Name	Age
1	
2	
3	
4	
5	
6	

Who is the main carer for the cat?

Please list all the animals currently living in the home:

Name	Species	Breed	Sex	Age
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

If applicable, please comment on your cat's relationship/s with the other cat/s in your home:

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Please comment on your cat's relationship with any other animals in your home:

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What kind of living situation do you have?  Apartment/flat  Town house  House with small yard

House with large yard  Farm  I am currently staying with friends/family

## DIET AND FEEDING

What type of food does your cat eat? *(Please include brand names)*

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What quantity do you feed your cat? *(eg. 1 cup, 2 cups etc.)*

Who feeds your cat?

What time/s is your cat fed?

Where is your cat fed? *(eg. outside, in the laundry etc.)*

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## DAILY ACTIVITIES AND ROUTINE

On average, please indicate how much time your cat spends doing the following activities on a daily basis:

Sleeping:

Unsupervised outdoor roaming:

Supervised outdoor roaming:

Playing indoors:

Other (*please detail*):

On a daily basis, what percentage of time does your cat spend indoors versus outdoors:

Indoors

Outdoors

Does your cat use a litter tray?  Yes  No

How often is your cat left alone in the house?

On average, how many hours (daily) is your cat left alone?

Where does your cat spend most of his/her time when left alone?

Where does your cat sleep at night?

What things does your cat like/enjoy? (*eg. being tickled under the chin etc.*)

What things doesn't your cat like/enjoy? (*eg. being touched on the ears etc.*)

Are there any noises or situations your cat reacts to? (*If so, please detail*):

Please list the toys your cat has/likes:

What kind of foster home environment do you believe would suit your cat? A home with:

Other cats  Dogs  Cats and dogs  No other dogs  No other animals  No children

Comments:

## BEHAVIOUR CONCERNS

Does your cat have any behavioural problems you're concerned about? (*If yes, please detail*)

How frequently does this behaviour occur? (*Please provide detail*)

