



LathamCenters

Lifelong Pet Care Caring for Your Best Friends for Life

CAT ASSESSMENT/APPLICATION

Please be as detailed as possible.

This will ensure that your pet is placed in the best home to match their temperament.

Clients Name: *(Please Print)* _____

Clients Address: _____ City: _____ State: _____ Zip: _____

Client Phone: _____ Client Email: _____

Cat's Name: _____ Breed of Cat _____ Color: _____

Date of Birth: _____ Age of Cat: _____ Time Owned: _____

Is your Cat: *(please check)*

Male: _____ Female: _____ / Neutered _____ Spayed: _____

Primary Veterinarian: _____

Veterinarian's Phone #: _____ Animal Hospital: _____

Vaccination Records: *(Please enter most recent date of vaccination and attach records)*

Four In One (PPCR): _____ Rabies: _____ Leukemia ((FeLV) _____

Please describe any special medical conditions we should be aware with attach paperwork (allergies, emotional, ear, eyes, dental etc.)

Is your Cat currently on any medication? Yes: _____ No: _____

If YES please list _____ Frequency: _____

Is Your Cat Micro-chipped?

Yes: _____ Microchip Brand: _____ Microchip Number: _____

No: _____ As a Precaution we require ALL Cats to be Micro-chipped in our Program.

Caring For Your Cat:

What brand of food do you feed your cat? Dry: _____ Wet: _____

Frequency & Time of Feeding(s):

Breakfast: _____ Lunch: _____ Dinner: _____

Does our cat eat treats? Yes: _____ No: _____ If Yes type of treats? _____

Training:

Is your cat litter box trained? Yes: _____ No: _____ Other: _____

Is your cat an indoor or outdoor cat? _____ Feral? _____

Does your cat suffer from anxiety when left alone? _____

Is he / she destructive when left alone? _____

Is your cat allowed anywhere or are they confined to certain areas while you are away?

Socialization:

Has your cat been socialized with any of the following? *(please check all that apply)*

Children: _____ Other Cats: _____ Dogs: _____ Birds: _____

Is your cat skittish or aggressive in any particular situations...Thunder, fireworks, strangers etc.?

Please describe any situation where you have observed discomfort in your cat:

Has your cat ever bitten anyone *(either animal or human?)* Yes: _____ No: _____

If Yes please describe circumstances: _____

Have you observed any aggression in your cat around the following: *(please check all that apply)*

Treats: _____ Food: _____ Toys: _____ Other Animals: _____ Children: _____

How does your cat react to cat carriers? _____

Temperament:

Have you used and sedation medication for vet appointments or groomers? _____

How would you describe your cat's temperament when put around the following situations?

(Examples: Playful, Aloof, Mellow, Shy, Sassy, Dominant, Aggressive, Fearful, Stubborn, Loving)

At Home: _____

At Vet: _____
At Groomer: _____
With Humans: _____
With Other Cats: _____
With Children: _____
With Dogs: _____
With Strangers: _____
Around Food: _____

Habits:

Do you walk your cat on leash outdoors? _____

Does your cat have any bad habits we should be aware of? _____

Please describe your Cat's typical routine during a 24-hour period at your home.

What type of home environment would your cat be most comfortable with? *(Please be as detailed as possible so that we may place your cat in a home similar to yours)*

I _____ have answered each question truthfully and as direct as possible. I understand by answering to the best of my knowledge my cat will have a better chance of being placed in a home that fits their personality.

Signature: _____ Print: _____ Date: _____

Application Reviewed:

Latham Pet Advisor: _____ Date: _____