

Pals Pet Access League Society

CAT HISTORY FORM

DATE	OWNER / HANDLER
CAT's NAME	BIRTHDATE (month/year)
BREED	GENDER FI FS MI MN

Age of cat when acquired:	How acquired:
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If cat was NOT a kitten, what do you know of its history?

Does your cat use a carrier? _____ Harness? _____ Carrier? _____

Is cat used to being on a leash? _____ Fully house trained? _____

What is your cat's reaction to the following situations: (eg. playful, chases, accepts calmly, nervous, hisses, meows, afraid, aggressive, hides, no experience.)

Other cats:	New situations:
Men:	Vet's office:
Women:	Big Dogs:
Children:	Small dogs:
Car Ride:	Loud noises:
Turning cat on its back:	Visitors to your home:

Any unusual reactions noted: _____

Has your cat ever scratched or bitten anyone? _____

If yes, explain: _____

Any surgery in the past six months? _____ If yes, explain: _____

Has your cat ever been in a fight with another animal or had any experience that you might consider traumatic? _____

If yes, explain: _____

What types of things does your cat NOT like? _____

Have you encountered any behavioral problems with cat? _____

If yes, explain: _____

COMMENTS: