

SHEBOYGAN COUNTY HUMANE SOCIETY



Cat's Name: _____ Age: _____ yrs. _____ mos. Breed(s): _____

Sex: Male Female Neutered/Spayed Unsure

Declawed: No Front Only All Four Feet

Identification: Tattoo Microchip Other None/Unsure

☛ How long has this cat lived with you? _____ Why are you giving up this cat? _____

☛ What would have to happen for you to keep this cat? _____

☛ Where did you acquire this cat? Sheboygan County Humane Society Other Shelter Pet Store Found/Stray
 Newspaper/Craigslist Breeder- Name & Location: _____ Litter Other _____

☛ How many other homes did this cat have before you? _____

☛ What can you tell us about this cat's life prior to living with you? _____

Social Skills

☛ List the ages of household members your cat has lived with- Men: _____ Women: _____ Children: _____

☛ List other pets in the home- Dogs _____
Age & (Breed(s))

▪ Cats _____ Other: _____
Age & (Breed(s))

☛ Describe your household: Grand Central Station! Some Activity Quiet & Serene

☛ Describe this cat's behavior around children in the household: Friendly Playful Afraid Ignores
 Hisses/Growls Scratches Bites No Children in the Household

☛ Is the cat's behavior different with men or women in the household? Yes No

▪ If yes, please explain _____

☛ Describe this cat's behavior around other pets in the household: Friendly Plays With Others Afraid

Ignores Tolerates Hides Ok, as Long as Can Escape Hisses/Growls Scratches Bites

☛ Describe your cat's response to visitors: Friendly Playful Afraid Ignores Hisses/Growls Scratches Bites

Lifestyle

- ☘ Where does this cat spend most of the day? Outside Barn Inside/Outside
 Confined to One Room Free Roam of the House Basement
- ☘ If outdoors, is your cat: Allowed to Run Supervised Harnessed Screened Room/Porch
- ☘ Where is the cat used to sleeping? Person's Room In Person's Bed
 Confined to One Room Roaming the House Other _____
- ☘ What word(s) best describe your cat's energy level and personality?
 Couch Potato Lap Cat Affectionate Houdini/Clever Jealous Independent
 Social Butterfly Talkative Destructive Rambunctious
- ☘ How does your cat play? Gentle Somewhat Rough Very Rough Doesn't Play
 - If your cat plays with people, does he/she: Grab with Claws Scratch Bite Lightly Bite Hard None
 - What toys does your cat like? None Balls Catnip String Fuzzy Mice Other: _____
- ☘ How long is your cat left alone without people? Never 1-.3 hrs. 4-8 hrs. 9-12hrs. Over 12 hrs.
- ☘ Does your cat like to be held/pet? Yes Tolerates No, Struggles No, Scratches or Bites
- ☘ Where does your cat NOT like to be touched: Ears Paws Tail Stomach Other: _____
- ☘ Is your cat frightened of anything? Thunder Loud Noises Vacuum Dogs Cats
 Men Women Children Strangers Other: _____
- ☘ Please tell us about your cats habits: Scratches Furniture/Rugs Runs Out Door/Window
 Chews/Digs in Plants Jumps on Counters/Shelves Vocal Other: _____
- ☘ Has your cat ever bitten a person? Yes No
 - If yes, please explain: _____
 - Did the person require medical care Yes No
- ☘ Have you ever provided a scratching post for this cat? No Yes- what kind? Carpet Rope Cardboard
 - Where was the post? _____
 - Did the cat use the post? Yes No
- ☘ This cat is allowed on: Counters Furniture Bed Table Shelves None
- ☘ This cat is accustomed to: Bathing Brushing Nail Trimming Teeth Cleaning Medicating

Litter Box History

- ☛ Do you provide your cat with a litter box? Yes No How many? _____ Is it covered? Yes No
- ☛ How often is it scooped? _____ How often is it changed completely? _____
- ☛ Where are the litter boxes located? _____
- ☛ What type of litter do you provide? Clay Clumping Crystals Other _____
- ☛ Does your cat have accidents in the house? Yes No
 - Please describe the accidents: Urinates Right Outside the Box Defecates Right Outside the Box
 - Urinates on Furniture Defecates on Furniture
 - Urinates on Clothing Defecates on Clothing Sprays (Urinates) on Walls & Furniture Other: _____
 - Have you noticed your cat having difficulty urinating or having blood in the urine? Yes No
 - Have you taken your cat to your veterinarian for urination problems? Yes No
 - How long has your cat had this problem? _____
- ☛ Can you pinpoint an event(s) that might have triggered the problem? Fighting with Household Cat Moved
 - New Person in Home New Pet: What Kind? _____ Changed Location of Litter Box
 - Another Pet/Child Keeping Cat from the Box or Disturbing the Cat While Trying to Use the Box
 - Changed Litter Type/Brand or Litter Box Remodeling in Home Other: _____
- ☛ Please describe any measures you have taken to correct this problem? _____

- ☛ Is there anything else we should know about this cat? _____

Medical History

- ☛ Did this cat see a veterinarian on a regular basis? Yes No
 - Which clinic? _____
- ☛ Does this cat have any past/present medical conditions? No Yes-Describe: _____
- ☛ Is this cat on any special medication or diet? _____
- ☛ What type of food does this cat eat? Dry Wet/Canned Mixed What Brand? _____
 - Does this cat get table scraps? Yes No Does this cat get treats? Yes No
- ☛ List any food allergies? _____

I authorize the release of my pet's medical records to the Sheboygan County Humane Society

_____ (signature) _____ (date)



Dog's Name: _____ Age: _____ yrs. _____ mos. Breed (s): _____

 Sex: Male Female Fixed Unsure Identification: Tattoo Microchip Other None

How long has this dog lived with you? _____ Why are you giving up this dog? _____

What would have to happen for you to keep this dog? _____

 Where did you acquire this dog? Sheboygan County Humane Society Other Shelter Own Litter Gift

 Pet Store Newspaper Craigslist Breeder- Name & Location: _____

 Friend/Relative Found/Stray Other _____

How many other homes did this dog have before you? _____

What can you tell us about this dog's life prior to living with you? _____

Lifestyle

 Where does this dog spend most of the day? Whole House Crate/Kennel Basement Outdoor Kennel

 Chained in Yard Garage Fenced Yard Roaming at Will Invisible-Fenced Yard Other _____

 When outdoors is your dog: Allowed to Roam In a Fenced Yard Kenneled Leash Walked

 Off-Leash at a Dog Park Kept in an Invisible Fence On a Runner Tied Other: _____

How much of the time was the dog kept outside? _____ Inside? _____

 When alone is your dog: Outdoors Free in the House Confined to a Room Crated Other: _____

 When alone does your dog: None Destroy Household Items Urinate Defecate Bark Cry

 Can this dog be left alone in the house for 8 hours a day without issues? Yes No

If no, why not? _____

 Where is the dog used to sleeping? Person's Room In Person's Bed Doghouse Garage Fenced Yard

 Tied in Yard Roaming Around House Outdoor Kennel Patio Crate Invisible-Fenced Yard Other _____

 Has the dog repeatedly escaped from your yard? Yes No If yes, how?—

 Digs out Jumps Fence Opens Gate Charges out Open Gate Chews Through Ignores Invisible Fence

 What word best describes your dog's energy level? Hyper High-energy Easygoing Low Key Sluggish

How do you exercise your dog? _____

 Does your dog chew things up? Yes No If yes, what things? _____ When? _____

 This dog likes to play: None Fetch Tug Chase Wrestling Other: _____

 How does your dog play? Gentle Somewhat Rough Very Rough Doesn't Play

 During play does your dog: None Jump Growl Bark Bite Lightly Bite Hard

 This dog likes these types of toys: None Balls Frisbee Plush Squeaky Other: _____

Social Skills

☛ List the ages of household members your dog has lived with- Men: _____ Women: _____ Children: _____

☛ Describe your household: Grand Central Station! Some Activity Quiet & Serene

☛ Describe this dog's behavior around children: Never Encountered No Reaction Barks Lunges Growls
 Shows Teeth Snaps Friendly Playful Tolerant Afraid Too Much for Small Children

☛ Is the dog's behavior different with children other than with those in your home? How? _____

☛ How did your dog react to men in the household: No Men No Reaction Friendly Afraid Shows Teeth
 Growls Snaps Bites

☛ How did your dog react to women in the household: No Women No Reaction Friendly Afraid Shows
Teeth Growls Snaps Bites

Has the dog ever bitten, snapped, or growled at a person? No Yes- describe: _____

☛ (S)He fears: Men Kids Women Strangers People in Uniform Fireworks Vacuums Thunder Other: _____

Does this dog chase anything? If so, what? _____

☛ Please check ALL THE ANIMALS that the dog has lived with: (check all that apply) Male Dogs Female Dogs
 Cats (indoors) Cats (outside) Small Animals (Type?) _____ Farm Animals (Type?) _____ Other _____

☛ How does your dog get along with dogs in your household? (check all that apply) Never Around Dogs Bossy
 Adores Dogs Friendly/Playful Frightened Roughhouses Ignores or is Indifferent Gentle/Submissive
 Aggressive with Same-Sex Dogs Other: _____

☛ How does your dog get along with dogs outside of your household? Never Around Other Dogs Adores Dogs
 Friendly/Playful Bossy Frightened Roughhouses Ignores or is Indifferent Gentle/Submissive
 Aggressive with Same-Sex Dogs Growls Other: _____

☛ How does your dog respond to cats? No Reaction Friendly Playful Afraid Barks Shows Teeth
 Growls Snaps Bites Lunges Chases

What kinds of animals does this dog NOT get along with? _____

Has the dog ever injured or killed another animal? Yes No If yes, please explain. _____

When leashed, how does this dog react to other dogs? _____ To People? _____

Do you feel that this dog is overprotective? Yes No

Does your dog allow you to: Take away Bones Handle or Move Their Food Bowl Wake Them from Sleep

Move Them from the Couch or Their Dog Bed Grab Their Collar

If not, what does the dog do when you try? _____

Would you describe your dog as mouthy? Yes No

Training

- * Does the dog know his/her name? Yes No
 - * Frequency of coming when called? Never Very Seldom Half the Times Most the Time Always
 - * What type(s) of training has this dog had? Group Classes Trained Yourself Private Lessons None
 - * This dog knows how to: Sit Stay Come Lie Down Speak Shake Walk Well on Leash Other: _____
 - * Did you ever use the following tools in training? Shock Collar Prong Collar Choke Chain Clicker Treats
- Does the dog ride well in a car? Yes No
- Does this dog have any bad habits that the new adopter should know? Describe: _____
- What have you done to correct this bad habit? _____

Housetraing

- How many hours can your dog "hold it"? Not at All 1-3 Hours 4-8 Hours 9-12 Hours 12+ Hours
- * Is this dog housetrained? Yes No How does (s)he ask to go outside? _____
- If no, has the dog been examined by a veterinarian to rule out the physical problems? Yes No
- How often does the dog have accidents in the house?
- *Urine: Daily 1x/ week Never Every Time Dog is Indoors Other _____
 - *Stool: Daily 1x/ week Never Every Time Dog is Indoors Other _____
- * What kinds of housetraining have you tried? Paper Crate Litter Box Other _____
 - * What methods were used to prevent this issue?
 Dog Only Allowed in Certain Areas of House Dog Kept Outside Only Other _____

Health

- * Does this dog have any old injuries or health problems? Yes No
- If yes, please explain _____
- * When do you feed this dog? AM PM Free Feed Other _____
 - * What type of food is fed? Dry Semi-Moist Canned Dry/Canned Mixture
 - * What brand of food does this dog prefer? _____
- This dog's veterinarian: _____ Clinic: _____ Last seen by a veterinarian? _____
- How does the dog act at the vet's office? Nervous Afraid Aggressive Calm Happy
- Is (s)he sensitive about being handled a certain way? How? _____
- What is the dog's best quality? _____
- Is there anything else we should know about this dog? _____

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_____ (signature) _____ (date)