



OFFICE USE ONLY

VH requested date: _____

VH received: _____

Admission date: _____

Admission time: _____

Admissions Enquiry Form

Thank you for completing this form. The information you provide will help us to proceed with your request to hand in a cat(s) to the Cats Protection Centre. PLEASE COMPLETE ONE FORM FOR EACH CAT and as fully as possible. This will enable us to advise you on the next steps and if applicable will assist in finding the cat a suitable home.

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>			Postcode	<input type="text"/>
Home tel.	<input type="text"/>	Mobile no.	<input type="text"/>	Email	<input type="text"/>
Your cats name:	<input type="text"/>				

Options

Please clarify if any of the following options may support you to keep the cat-

Support with vet costs, (eligibility criteria may apply) Yes No

Help to resolve a problem relating to the cats behaviour/ toileting Yes No

Other (please describe)

To minimise the length of stay for a cat we can sometimes offer the option of keeping the cat at home (indoors) and we will pay for the cat to see our vet prior to it coming in to our care. This can reduce the cats stay with us from 4 weeks to 7 days. If we cover the vet costs would you be able to take your cat to our vet and keep the cat inside your home for up to a month.

Yes No

Cat Description

Breed	<input type="text"/>	Colour	<input type="text"/>
Sex	<input type="checkbox"/> Male Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No	Age	<input type="text"/>
Reason for re-homing	<input style="width: 100%;" type="text"/>		
Where did you get your cat from? (E.g. Cats Protection, other cat rescue, stray, online, family/friend etc.)	<input style="width: 100%;" type="text"/>		
How long have you owned your cat?	<input style="width: 100%;" type="text"/>		
How many previous homes has your cat had?	<input style="width: 100%;" type="text"/>		

Treatments	Yes	No	Date of treatment	
Vaccinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	If "Yes" please bring vaccination card with you when you come to the centre.
Wormed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Treated for fleas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Product: <input style="width: 100%;" type="text"/>
Microchipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Microchip Number: <input style="width: 100%;" type="text"/>
Is the microchip registered to you & your current address?				
Veterinary practice contact details <input style="width: 100%;" type="text"/>				

About Your Cat	
General Temperament	Answer below - please give as much detail as possible
Describe your cat's personality:	
Does your cat enjoy being groomed?	
Are there any parts of your cat's body that it does not like to be touched?	
Does your cat enjoy sitting on laps?	
Does your cat sleep with you at night?	
How does your cat respond to being picked up?	
What sort of games/toys does your cat enjoy?	
Does your cat get over excited during play?	
Have fingers and toes ever been used in play with your cat?	
Does your cat have a scratching post?	
- What type of scratching post does your cat have? (E.g. large, small, cardboard, activity centre etc.)	
- Does your cat use the scratching post?	
Does your cat scratch parts of the house? (E.g. carpet, furniture etc.)	

Behaviour	Answer below - please give as much detail as possible
Does your cat currently or has it previously had any behavioural problems (e.g. house soiling, over grooming, aggression, urine spraying, fears/anxieties, furniture scratching etc)?	
- If yes to the above, has your cat been to a vet for these specific behavioural issues?	
Is your cat frightened of anything?	
How many hours is your cat used to being left alone for on an average day?	
Any problems when the cat is left home alone?	

Toileting	Answer below - please give as much detail as possible
Does your cat use a litter tray?	
- If yes what type of tray e.g. open, covered (with or without flap), other?	
- What type of litter do you currently use?	

- What type of litters have you previously used?	
- Does your cat have an aversion to any type of litter?	
If your cat doesn't use a litter tray where does it toilet?	
Is there any history of spraying in the house?	
Is there any history of inappropriate toileting in the house?	

Feeding Regime	Answer below - please give as much detail as possible
What & when does your cat currently eat? <ul style="list-style-type: none"> - Type of food (dry/wet) - Brand - Frequency - Time of day 	
Are there any foods that your cat dislikes or is sensitive to?	
If your cat is on a special medical diet what is this for?	
What type of food and water bowls does your cat use? (E.g. ceramic, metal, plastic, other)	

Outside Access	Answer below - please give as much detail as possible
Is your cat used to going outside?	
If yes, how does your cat currently gain access outside? (E.g. Cat flap, window, door etc.)	
- If the cat has free access through a cat flap, is it locked overnight or do they still have access outside at night time?	
- If you have a cat flap, what type of cat flap is it? (E.g. Microchip controlled, magnetic controlled, no mechanism to prevent other cats entering, other)	
Does the cat defend its territory from other cats? (Please describe)	
How would you describe the environment the cat is used to? (E.g. Rural, semi-rural, quiet town, busy town etc.)	
Does your cat hunt?	
If yes; <ul style="list-style-type: none"> - How often? - Does it bring it home? 	

Your Home Environment	Answer below - please give as much detail as possible
How many adults live in your home?	
How many children live in your home (please also provide ages)?	
How does your cat respond to children?	
How would you describe your household? (E.g. Busy, quiet, lots of adult visitors, lots of visiting children)	
- If busy, how does your cat respond? (E.g. hide, interact, no change etc.)	

Cats that have lived with dogs	Answer below - please give as much detail as possible
How many dogs has your cat lived with at one time?	
Breed of dog (s)	
Your dog's personality (lively, calm etc)	
How did your dog behave towards your cat?	
How did your cat get on with the dog(s)?	

Cats that have lived with other cats	Answer below - please give as much detail as possible
How many other cats has your cat lived with at one time?	
How many other cats does your cat currently live with?	
How did your cat get on with cats that it has shared the home with?	

Cats that have lived with other animals	Answer below - please give as much detail as possible
What other animals has your cat lived with? How many at one time?	
How did they interact with the animals listed above?	

Cats being rehomed as part of a pair/trio etc.	Answer below - please give as much detail as possible
Are the cats being rehomed related to one another?	
- If not how long have they lived together?	
Do they ever choose to sleep together touching?	
Do they have their own litter trays?	

- If yes, are they located close to each other?	
Do they eat together or separately? (Are the bowls in close proximity to each other)	
Do they have their own water bowls?	
Do they ever rub on or groom each other?	
Where does each cat prefer to spend most of its time? (E.g. outdoors or in a particular room?)	
Do they ever play together?	
Do they ever have fights with each other? If so describe what happens, how often, where and when?	
Is there any guarding of resources from any of the cats? (E.g. litter tray, food, cat flap etc.)	
Do any of the cats prefer to spend their time higher up than the other/s? For example; likes to sit on top of the bookcase / wardrobe etc..?	

Anything else

Is there anything not covered in the questionnaire which you feel would be useful for us or a new owner to know?

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Data Protection

We will store your details for administration purposes but we will not keep them longer than necessary. If you hand in a cat we will store this information with the cat's paperwork. Otherwise, your details will be destroyed after six months.

I am over 18 yrs. old and the information I have provided is accurate at the time of completion.

Signature

Date

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Cat care advice given

<input type="checkbox"/> Neutering	<input type="checkbox"/> Flea treatments	<input type="checkbox"/> Other treatment
<input type="checkbox"/> Caring for your cat	<input type="checkbox"/> Keeping your cat safe	<input type="checkbox"/> Feeding and obesity

<input type="checkbox"/> Introducing existing pets	<input type="checkbox"/> Understanding your cat's behaviour	<input type="checkbox"/> Cats living together (if more than one cat)
<input type="checkbox"/> Keeping in / Letting out	<input type="checkbox"/> Location of litter tray	<input type="checkbox"/> Registering the cat with a vet/ vet check
<input type="checkbox"/> Other, please specify	<input type="text"/>	
Advice given on next step	<input type="text"/>	Date <input type="text"/>
Follow up required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Booked in Outlook (date) <input type="text"/>
Staff member/ volunteer	<input type="text"/>	Date <input type="text"/>