



# Sacramento SPCA – Let's Get Acquainted



## CATS

We are committed to reducing pet overpopulation and spay/neuter all pets before they go home.

Date

Name	Address	City/State/Zip
Home Phone	Work Phone	Cell phone
Are you 18 years of age or older?	Drivers License or ID/Expiration	Email Address

How did you hear about the SSPCA? \_\_Website \_\_TV \_\_Newspaper \_\_Friend/Family \_\_Other \_\_\_\_\_

### You and Your Household

*Please check all that apply*

<b>Your living place:</b> <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	<b>Who owns your home?</b> <input type="checkbox"/> Rent Landlord : _____ Phone: _____ <input type="checkbox"/> Own <input type="checkbox"/> Live w/ Parents	<b>Home lifestyle:</b> <input type="checkbox"/> Very Active <input type="checkbox"/> Active <input type="checkbox"/> Somewhat Active <input type="checkbox"/> Calm and quiet	<b>Cat Experience:</b> <input type="checkbox"/> First Time Owner <input type="checkbox"/> Have Had One or Two <input type="checkbox"/> Have Had Many
<b>Children and your home:</b> <input type="checkbox"/> I have children; ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home; ages _____ <input type="checkbox"/> No children visit my home	<b>Reason for adopting:</b> <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Gift for Someone <input type="checkbox"/> Hunting/Mouser <input type="checkbox"/> Companion for Pet <input type="checkbox"/> Other _____	<b>Time away from home:</b> <input type="checkbox"/> Home all day <input type="checkbox"/> Out part time <input type="checkbox"/> Away 7-10 hrs/day <input type="checkbox"/> Other _____	

### Behavior, Breed, History

*Please check all that apply*

<b>Check ALL personality traits that you PREFER or COULD LIVE WITH:</b> <input type="checkbox"/> Very independent <input type="checkbox"/> Lap cat <input type="checkbox"/> High energy (kitten-like) <input type="checkbox"/> Vocal, talkative <input type="checkbox"/> Calm, relaxed <input type="checkbox"/> Doesn't get along w/cats <input type="checkbox"/> Doesn't get along w/dogs <input type="checkbox"/> Very affectionate <input type="checkbox"/> Wants to be in high places (refrigerator, top of cabinets, windows, etc.) <input type="checkbox"/> Somewhat playful <input type="checkbox"/> Very playful <input type="checkbox"/> Doesn't get along w/kids <input type="checkbox"/> Scratches furniture or carpeting occasionally <input type="checkbox"/> Shedding (circle below) Low   Medium   High	<b>Breed(s) of cats I like:</b> _____ <b>Breed(s) of cats I do not want:</b> _____ <b>Coat type preferred:</b> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Curly <b>During the day, my cat will be (check box):</b> <input type="checkbox"/> In my house <input type="checkbox"/> In my fenced backyard that is escape proof <input type="checkbox"/> Uses cat door <input type="checkbox"/> Outside all day <b>At night my cat will be (check box):</b> <input type="checkbox"/> In my house <input type="checkbox"/> Outside all night <input type="checkbox"/> Inside and has access to a cat door <input type="checkbox"/> In a barn, shed or other building outside <input type="checkbox"/> In the garage	<b>CURRENT &amp; PREVIOUS Cats Owned (write in letter that best describes how each behavior [listed below] was dealt with):</b> <b>A = Accepted (didn't matter)</b> <b>B = Crated/confined</b> <b>C = Trained myself</b> <b>D = Professional help/training</b> <b>E = Left cat outside/kept outside</b> <b>F = Didn't keep cat</b> <b>G = Other</b> _____ ___ Litter box issues/markings ___ Scratching (destruction) ___ Hyperactive/too excitable ___ Biting/scratching people ___ Aggressive w/unknown cats ___ Aggressive w/familiar cats ___ Aggressive w/familiar dogs ___ Plays roughly ___ Hides occasionally/often ___ Gets on table/countertop
---	--	---

## Behavior

*Please check all that apply*

**Please check all boxes that are concerning to you using scale rating of 1 through 5 (1=LEAST 5=MOST)**

- |  | Scale # |
|--|---------|
| <input type="checkbox"/> Litter box issues/markings    | _____   |
| <input type="checkbox"/> Scratching (destruction)      | _____   |
| <input type="checkbox"/> Hyperactive – won't calm down | _____   |
| <input type="checkbox"/> Biting/scratching people      | _____   |
| <input type="checkbox"/> Aggression toward other cats  | _____   |
| <input type="checkbox"/> Aggression toward dogs        | _____   |
| <input type="checkbox"/> Meows frequently              | _____   |
| <input type="checkbox"/> Plays roughly                 | _____   |
| <input type="checkbox"/> Getting on countertop/table   | _____   |
| <input type="checkbox"/> Hairballs                     | _____   |
| <input type="checkbox"/> Hides Often                   | _____   |
| <input type="checkbox"/> Hides Occasionally            | _____   |
| <input type="checkbox"/> Other _____                   | _____   |

**Behavior toward people (check UNACCEPTABLE):**

- Everyone is a friend
- Friendly to people cat knows or is introduced to
- Timid/Nervous with new people – hides
- Timid/Nervous with new people – may bite/scratch
- Independent – doesn't really need people much

**Behavior to animals (check UNACCEPTABLE):**

- Friendly or ignores
- Unfriendly toward another cat or dog
- May attack another cat or dog
- Gets along with your pets but not unknown pets
- Afraid of other animals – backs away

**As far as scratching:**

- I would trim cat's nails regularly or apply Soft Paws
- I would provide a scratching post
- I would train cat not to scratch furniture, if needed
- I plan on declawing/tendonectomy

## Pets Living with you PAST and PRESENT (Please list all in the past 10 years)

Pet's Name	Age	Sex	Breed/Type	Altered?	How Long Owned?	Kept In, Out, Both	Still Have? If No, Why?

### FOR OFFICE USE ONLY

Case # \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

**Hold Pending:**  Dog Intro  Other Adults  Children  Other: \_\_\_\_\_

**Required topics covered with counselor:** \_\_\_\_\_

I have been made aware of and understand the information written and checked by the counselor and have chosen to adopt this pet.  
 \_\_\_\_\_ PRINT (adopter) \_\_\_\_\_ SIGN (adopter) \_\_\_\_\_ (date)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Housetraining    | <input type="checkbox"/> Reason For Wanting | <input type="checkbox"/> Allergies                            |
| <input type="checkbox"/> Activity level   | <input type="checkbox"/> Previous Pets      | <input type="checkbox"/> Spaying/Neutering                    |
| <input type="checkbox"/> Introductions    | <input type="checkbox"/> Indoor/Outdoor     | <input type="checkbox"/> Biting/Scratching                    |
| <input type="checkbox"/> Children         | <input type="checkbox"/> Destruction        | <input type="checkbox"/> <b>SPCA Behavior Helpline (free)</b> |
| <input type="checkbox"/> Health Care/Cost | <input type="checkbox"/> Breed              | <input type="checkbox"/> <b>SPCA Retail Store</b>             |