



Please complete a form for each cat you are enrolling in the Sido Pet Protection Program. Provide as much detail as possible. If your cat comes to us for rehoming, we want to treat him/her in the same manner that he/she is used to. This will help alleviate stress and encourage healing.

YOUR NAME: _____ CAT'S NAME: _____

YOUR CAT'S DIET IS? Canned Semi-moist Dry food Raw/Homemade

BRAND OF FOOD: _____

FEEDING TIME IS: In the morning In the evening Throughout the day

IS YOUR CAT MOST ACTIVE: During the day At night

YOUR CAT IS:

- Completely litter trained
Sometimes urinates outside the box
Sometimes defecates outside the box

YOUR CAT LIVES:

- Strictly indoors
Indoors and outdoors
Strictly outdoors

HOW MANY LITTER BOXES IN THE HOME? _____

WHAT IS THE TYPE OF LITTER USED? _____

IS YOUR CAT DECLAWED? Yes No

CHECK ALL THAT APPLY:

- Very vocal, meows alot Likes being held Uses scratching post
Likes to be brushed Nips or bats if handled too long Hunts rodents/birds
Lap cat Doesn't like being picked up Fights with cats
Sedate/mellow Shy with strangers (includes neighborhood cats)
Playful Frightened by loud noises Likes to play with hands/feet
Very tolerant Outgoing/friendly with strangers Scratches furniture
Very active Wants a lot of attention

YOUR CAT LIKES OR DISLIKES? (Check all that apply)

Table with 4 columns: Item, Likes, Dislikes, Unknown. Rows include Other cats, Dogs, Children (ages _____), Birds/rodents.

Other: _____

HISTORY

Your cat's new family would benefit from this information.

WAS YOUR CAT A RESCUE? Yes No

IF SO, FROM WHICH SHELTER/AGENCY/ETC? _____

WHAT AGE WAS YOUR CAT WHEN IT CAME TO YOU? _____

IS YOUR CAT SPAYED/NEUTERED? Yes No

DOES YOUR CAT HAVE A MEDICAL CONDITION OR SPECIAL NEEDS? Yes No
IF SO, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

IS YOUR CAT CURRENTLY RECEIVING MEDICAL TREATMENT OR MEDICATION? Yes No
IF SO, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

TEMPERAMENT

WHAT SHOULD WE KNOW ABOUT YOUR CAT SO THAT WE, AND YOUR CAT, CAN BE COMFORTABLE WITH ONE ANOTHER? _____

ARE THERE SPECIAL THINGS YOUR CAT LIKES? TOYS, GAMES & ACTIVITIES... _____

PLEASE TELL US ABOUT YOUR PET'S SPECIAL QUALITIES: _____

WHAT WOULD YOU LIKE YOUR CAT'S NEXT GUARDIAN TO KNOW ABOUT YOUR CAT? _____

HOW DOES YOUR CAT INTERACT WITH:
OTHER PEOPLE? _____

STRANGERS WHO COME IN THE HOUSE? _____

HAS YOUR CAT LIVED WITH: Cats Dogs
OTHER PETS (what kind _____) Children (ages _____)

WAS THIS SUCCESSFUL? _____

HOW DOES YOUR CAT REACT TO:
CAR RIDES? _____

VISITS TO THE VETERINARIAN? _____

Return your Information Form(s) to sido@sfspca.org or by mail to:
SF SPCA, Attn: Sido Program
201 Alabama Street, San Francisco, CA 94103
For questions, call 415.554.3029

