



CAT

Sido Information Form

Please complete a form for each cat you are enrolling in the Sido Pet Protection Program, and 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: _____ Today's Date: _____

Cat's Age: _____ Cat's Date of Birth: _____

Your cat's diet is: Canned Semi-moist Dry food Raw/homemade

Brand of food: _____

Is your cat most active:

- During the day
- At night

Your cat is:

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

Your cat lives:

- Strictly outdoors
- Strictly indoors
- Indoors and outdoors

How many litter boxes in the home? _____

Is your cat declawed?

What is the type of litter used? _____

- Yes
- No

Check all that apply:

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

Your cat likes or dislikes? Check all that apply:

- | | | | |
|------------------------------|--------------------------------|-----------------------------------|----------------------------------|
| Other cats: | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes | <input type="checkbox"/> Unknown |
| Dogs: | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes | <input type="checkbox"/> Unknown |
| Birds/rodents: | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes | <input type="checkbox"/> Unknown |
| Children (ages _____) | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes | <input type="checkbox"/> Unknown |
| Other _____ | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes | <input type="checkbox"/> Unknown |

HISTORY

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

What age was your cat when it came to you? _____

Was your cat a rescue?

- Yes If yes, from what shelter/agency/etc? _____
- No

Does your cat have a medical condition or special needs?*

- Yes
- No

Is your cat currently receiving medical treatment or medication?*

- Yes
- No

**(If yes, please provide details on a separate sheet of paper.)*

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 living situation successful? Yes No

How does your cat react to:

Car rides?: _____

Visits to the veterinarian?: _____
