LOW COST VACCINE CLINICS

Please call individual locations for upcoming dates & times.

Fox Memorial Clinic
701 Russell Road, Newington 860-594-4500
Appointment Required
(clinic offered every other Friday)
Rabies Vaccine Only: $15

Petco
188 Kitts Lane, Newington 860-667-9621
816 Washington Street, Middletown 860-346-0573
1850-1870 Post Road East, Westport 203-418-9352
650 Main Avenue, Norwalk 203-846-6926
160 River Road, Lisbon 860-376-3700
Rabies Vaccine Only: $19

Tractor Supply
815 Newfield Street, Middletown 860-613-2796
150 New London Road, Colchester 860-537-0679
915 Hartford Turnpike, Waterford 860-437-4333
Rabies Vaccine Only: $20

Dakin Humane Society
171 Union Street, Springfield, MA 413-781-4019
(clinics offered every Saturday)
Rabies Vaccine Only: $12

Prices and locations subject to change. Last updated February 2020.
LOW COST SPAY/NEUTER CLINICS

POA SPAY!
144 Main Street Unit E, East Hartford 860-206-7922
Dogs (Includes Surgery, Rabies & Distemper Vaccines, Nail trim, & E-Collar) $200-$275 (Pit Bulls $125-$150)
Cats (Includes Surgery, Rabies & Distemper Vaccines, Nail trim, & Flea/Tick Preventative) $100

New Hope Clinic
214 Canal St. Unit #1, Plantsville 860-620-0325
Dogs (Includes Surgery, Rabies & Distemper Vaccines, & Nail Trim) $200-$350 ($50 discount for Pit Bulls)
Cats (Surgery & Nail Trim; Deworming and Vaccines available for $25) $125

East Hartford Animal Clinic STITCH Program
109 Connecticut Blvd., East Hartford 860-282-8989
Dogs (Includes Surgery, Distemper & Rabies Vaccines) $230-$400
Cats (Includes Surgery, Distemper & Rabies Vaccines) $135

Nutmeg Spay/Neuter Clinic
25 Charles St., Stratford 203-690-1550
(Surgery Only, must be rabies vaccinated prior or the same day for an additional $20)
Dogs $225-$400 (Pit Bulls $125-$175)
Cats $90-$95

Dakin Humane Society
171 Union Street, Springfield, MA 413-781-4019
Dogs (Surgery Only) $175-$275 ($50 discount for pet owners who receive state or federal assistance, Pit Bulls: $50-$100)
Cats (Surgery and Rabies & Distemper Vaccines) $100 ($25 discount for pet owners who receive state or federal assistance)

TEAM (CATS ONLY)
Mobile Unit, Locations Vary 1-888-367-8326
(Includes Surgery, Vaccines, Nail Trim, and Ear Mite Treatment) $135

Because 4 Paws
41 South Main Street, New Milford 860-799-6690
(Surgery Only, must be rabies vaccinated prior or the same day for an additional $20)
Dogs $150-$350
Cats $100

Danbury Animal Welfare Society
147 Grassy Plain Street, Bethel 203-790-6511
(Surgery Only, must be rabies vaccinated prior or the same day for an additional cost)
Dogs $200-$450
Cats $125-$150

Prices and locations subject to change. Last updated February 2020.
Canine Pet Personality Profile

The following questionnaire is used to help us learn about this dog. This background information is used to place this dog in the best possible home. Please complete this questionnaire as completely and accurately as you can.

Reason for Surrender: ___________________________  Hotline Number: ___________________________

Keep in mind, the reason given may not be the root of the problem. Are they moving and not taking the pet with them because they cannot find affordable pet friendly housing or does the pet urinate in the home and they do not wish for this behavior to continue in the new house? Do they not have enough time for the pet because they work very long hours or does the pet become destructive when left home alone? In some cases we may be able to offer surrender prevention resources to help them keep their pet if desired.

BASIC INFORMATION


5. Is this pet spayed or neutered? ☐ Yes  ☐ No  ☐ I don’t know  5a. If yes, at what age? _______________

6. Is this pet microchipped?  ☐ Yes  ☐ No  ☐ I don’t know  
   6a. Microchip Company and # (if applicable): ________________________________________________  
   STAFF: ☐ Scanned
   6b. Is the microchip registered to you as the owner?  ☐ Yes  ☐ No  ☐ The chip was never registered
   6c. If no, please describe your relationship to the registered owner: ______________________________ 

We request consent from the registered owner before admitting the pet into the shelter.

7. How long has this pet been in your care? _________________________________________________

If the pet was previously a stray, and the customer has been feeding/caring for the pet for three months or more, CHS considers the pet theirs.

8. Where did you get this pet? _______________________________________________________________

8a. If you got this pet from a previous owner, why did they give the pet away? __________________________

For example: If the previous owner gave up the pet because they had a new baby, was the pet aggressive with the baby? This helps us to get as much information about the pet’s past as possible.

8b. Please share available details about the previous family: __________________________________________

Were their children in the home (if so, what ages), other pets in the home, etc.

8c. If you got this pet from another adoption agency, which one? _______________________________________

Some agencies require that the pet be returned to them in the case that the owner is no longer able to keep it. If they’re unsure, you can also ask if they have their adoption contract from the other agency.

8d. If you got this pet from an adoption agency, did you notify them you can no longer keep this pet? ☐ Yes  ☐ No

9. Has this pet ever bitten anyone? ☐ Yes  ☐ No  9a. If yes, has this pet bitten people more than once? ☐ Yes  ☐ No

9b. If yes, when was the most recent time this pet bit someone? __________________________________________

If the pet bit and broke skin within the past 10 days they must be quarantined per state law.

9c. If yes, please describe the circumstances of the bite(s): __________________________________________

____________________________________________________________________________________________

9d. If yes, did this bite cause any bruises or scratches? ☐ Yes  ☐ No  Details: ____________________________

9e. Did this bite cause any bleeding? ☐ Yes  ☐ No  Details: __________________________________________

The incident must have broken skin to be truly called a bite (for quarantine purposes).

9f. Was this bite reported to animal control? ☐ Yes  ☐ No  Details: _________________________________

10. Has this pet ever bitten another animal?  ☐ Yes  ☐ No

10a. If yes, please describe the circumstances: ___________________________________________________
10b. Was this within the last 10 days? □ Yes □ No

Animals who have bitten another animal may be required to quarantine for 10 days.

10c. Was this bite reported to animal control? □ Yes □ No

If this was reported to ACO – we can contact them for records and/or any need to consult with ACO if they are seeking surrender within 10 days of the bite.

10d. If yes, did either animal need medical attention? Details: ____________________________________________________________

11. Has this pet ever been injured by another animal? □ Yes □ No

11a. If yes, please describe the injuries: ____________________________________________________________

11b. Was the other animal a wild animal or someone’s pet: ________________________________________________

11c. If it was someone’s pet, do you have proof of the biting animal’s rabies vaccination status? □ Yes □ No

11d. When did the injury happen? ________________________________________________________________

Animals who have been injured by another animal with an expired or unknown rabies vaccination history are subject to a rabies quarantine – the length of which varies based on the vaccination status of both animals.

11d. Was this pet treated by a veterinarian for their injuries? □ Yes □ No

HEALTHCARE

1. Has this pet ever been to a veterinarian? □ Yes □ No

If the pet has been to a veterinarian previously and the owner has not already submitted the medical records, the clinic should be contacted to have the records sent over to the shelter before admission. Some clinics will require permission from the owner to release the records, so make the call while the client is still present.

1a. If yes, name of the veterinary hospital or clinic: ________________________________________________

1b. If yes, phone/town of the hospital or clinic: ________________________________________________

1c. If yes, when was the last visit? ________________________________________________________________

1d. How does s/he react at the veterinarian? ________________________________________________________________

How a pet behaves at the veterinarian is an indicator to how they may handle the first few days of the shelter environment.

2. Does this pet have any present or past medical conditions? □ Yes □ No

2a. If yes, please describe: ________________________________________________________________

We need to understand what medical issues the pet has so we can ensure we have the proper resources. Present the medical info to a manager or medical representative as appropriate.

3. Does this pet currently have any wounds or missing hair? □ Yes □ No

3a. If yes, please describe: ________________________________________________________________

If the pet has a bite wound or wound of unknown origin, they must be quarantined for a period of time following the onset of the injury per state law. Missing hair may indicate ringworm (a highly contagious fungal infection), parasites (such as fleas), skin allergies, or stress (amongst other causes).

4. Is this pet on any medication(s) or special diet? □ Yes □ No

4a. If yes, what medications and/or special food is your pet taking? Why is your pet on this medication/food? What are the dosing instructions? ________________________________________________________________

_____________________________________________________________________________________________

5. Has this pet ever received a Rabies vaccine? □ Yes □ No

5a. If yes, when? ________________________________________________________________

5b. If yes, do you have, or can you obtain, a rabies vaccination certificate? □ Yes □ No

Rabies vaccines are required, by law, in the state of CT for cats and dogs. The laws regarding when a pet is considered current depend, in part, on whether the pet has a history of rabies vaccination. Obtaining a cert to prove a history of vaccination, even if expired, is helpful.
6. Does this pet have any allergies, including food, flea or a history of allergic reactions to vaccinations? ☐ Yes ☐ No

6a. If yes, details: ________________________________________________________________

Allergies in pets can be costly, both in time and money, to properly diagnose, regulate, and manage.

7. Has there been any history of vomiting or soft stool? ☐ Yes ☐ No

7a. If so, when and what were the circumstances? _______________________________________

Sudden onset and/or frequent vomiting/diarrhea can be an emergency. We will need more info on the condition to determine the level of urgency.

8. Have you noticed any increase or decrease in water consumption? ☐ Yes ☐ No

A sudden change in water consumption or urination may indicate diabetes, kidney disease, or other serious medical conditions.

9. Have you been filling the water bowl more frequently? ☐ Yes ☐ No

10. Have you noticed any increase in urination frequency or volume? ☐ Yes ☐ No

11. What type of food does this pet eat? ☐ Dry ☐ Wet ☐ Mix 11a. Brand or bag description: ____________________________________________

The quality and amount of food may provide answers to certain medical conditions such as skin allergies or obesity. This information is also important if the pet refuses to eat the diet offered in the shelter.

11b. How many times a day do you feed this pet? _______________________________________

12. Does this pet enjoy brushing? ☐ Yes ☐ No ☐ Sometimes ☐ Unknown Details: ___________________________

13. Can you trim this pet’s nails? ☐ Yes ☐ No ☐ Sometimes ☐ Unknown Details: ___________________________

HOUSEHOLD INFORMATION AND SOCIAL BEHAVIOR

1. How many adults currently live with this pet? _____

2. Do any children live with this pet? ☐ Yes ☐ No

2a. If yes, how many and what are their ages? ________________________________

Is the pet fearful of one gender, very attached to one person, generally friendly with everyone, etc.?

3. How does this pet get along with everyone in the home? ________________________________

4. Have there been any recent changes in the home (i.e. new family member, new pet, moving, etc.)? ☐ Yes ☐ No

4a. If yes, please describe the recent changes:___________________________________________

Recent changes in the pet’s environment, may give cause to recent behavioral problems.

5. Do any other dogs live with this pet? ☐ Yes ☐ No

5a. If yes, please list any other dogs that live with this pet including ages, sizes, sex, spay/neuter status and breed: (i.e. "Fluffy" a 12 year old, 17 pound, spayed female Sheltie) ____________________________________________

5b. Does this pet interact with the dog(s)? ☐ Yes ☐ No Details: _______________________________

5c. How does this pet interact with the dog(s)? ____________________________________________

6. Do any cats live with this pet? ☐ Yes ☐ No

6a. If yes, please list any cats that live with this pet including ages, sex, and breed: (i.e. "Lulu" a 10 year old, 10 pound, spayed female Siamese) ____________________________________________

6b. Does this pet interact with the cat(s)? ☐ Yes ☐ No Details: _______________________________

6c. How does this pet interact with the cat(s)? ____________________________________________

7. Do any other pets (other than cats or dogs) live with this pet? ☐ Yes ☐ No

7a. If yes, please list any other pets that live with this pet including size and species: (i.e. "Hades" a 1 year old dwarf rabbit) ____________________________________________

7b. Does this pet interact with the other animal(s)? ☐ Yes ☐ No Details: _______________________________

7c. How does this pet interact with the other animal(s)? _______________________________________

Employee Initials: ____________
8. How does this pet interact with new dogs? □ Fearful □ Growls/Vocalizes □ Barks □ Playful □ Aggressive
   □ Other: ____________________________ □ Never met a new dog

This question may indicate territorial aggression or inter-dog aggression. It’s also important as an adopter may have other dogs in the home that this dog will need to meet.

   □ Other: ____________________________ □ Never met a new cat

This question may indicate predatory aggression. It’s also important as an adopter may have cats in the home that this dog will need to meet.

10. How would you describe this pet’s personality? ___________________________________________________________

11. How does this pet typically greet new adults in his/her home? __________________________________________________________

How a pet reacts to a stranger in their home may be different than outdoors. Knowing how this pet reacts to new people inside their home is important information as we consider placement and create placement recommendations.

12. How does this pet typically greet new children in his/her home? __________________________________________________________

13. How does this pet typically greet new adults on a walk or in public? __________________________________________________________

14. How does this pet typically greet new children on a walk or in public? __________________________________________________________

15. How energetic is this pet? □ Low □ Medium □ High

16. How vocal is this pet? □ Low □ Medium □ High

17. Is this pet frightened of anything (i.e. fireworks, etc.)? □ Yes □ No.
   17a. If yes, what are they afraid of? __________________________________________________________
   17b. If yes, what do they do when scared? __________________________________________________________

18. How does this pet behave in the car? __________________________________________________________

**ROUTINE**

1. Where does this pet live? □ Indoors □ Outdoors

If they indicate their pet lives outdoors, ask them why. Is the pet living outdoors because that’s the pet’s preference or the owner’s preference? Does the pet have medical or behavioral concerns that caused the owner to keep them outdoors? Outdoor dogs are more likely to have medical and behavioral issues, such as skin infections, under socialization, not housebroken, etc., compared to indoor dogs.

2. Where does this pet spend most of their time? ________________

3. When outside, how is this pet contained? □ Leash □ Tie out □ The pet is loose □ Electric Fence □ Solid Fence

4. Is this pet housebroken? □ Yes □ No

5. Is this pet crate trained? □ Yes □ No

6. Is this pet pee-pad trained? □ Yes □ No

7. Does this pet have accidents in the house? □ Yes □ No
   7a. If yes, how often? □ Daily □ Weekly □ Once in a while

8. Does this pet have a house training schedule and/or does s/he alert you when it’s time to go out? Explain: ______________________________

9. Where does this dog stay when alone and why? (i.e. crate, free roam, etc.) __________________________________________________________

10. When left alone, does this dog display any of the following behaviors?
   □ Destroys household items □ Urinates/defecates □ Barks for long periods of time □ Breaks out of crates
   □ Destroys furniture/home □ None of these □ Other: ____________________________

This question indicates if the dog is displaying destructive behavior due to boredom or the dog may have a more severe disorder, such as separation anxiety. If the owner indicates “destroying household items” when alone, ask for clarifying information. What kinds of household items? How badly destroyed are they? If the owner indicates “urinates/defecates,” then the pet is not
Employee Initials: _________

housebroken. If the owner indicates any combination of behaviors, there may be evidence of separation anxiety. Ask them if they have spoken to their veterinarian or a behaviorist/trainer about these behaviors and consult the manager and/or behavior department as appropriate for input and assessment.

11. How does this dog get his/her daily exercise? __________________________________________

12. What are this dog’s favorite games and toys? __________________________________________

13. How does this dog play with people (check all that apply)? □ Jumps □ Growls/Vocalizes □ Barks □ Mouths lightly
   □ Mouths hard □ None of these □ Other: _______________________________________________

This question helps alert us to over-arousal behaviors, which may get worse in a shelter environment, and/or pose a safety consideration.

14. Has this dog attended a boarding or daycare facility? □ Boarding □ Daycare □ No

   14a. If yes, where? Were there any reports given on their behavior during their stay? __________________________

15. Has this dog ever been to a dog park? □ Yes □ No □ Details:___________________________________________

TRAINING

1. What tricks/obedience commands does this dog know (i.e. sit, down, stay, etc.)? __________________________

   1a. Does this dog perform the above behaviors every time you ask? □ Yes, all the time □ No □ Only with treats

2. Has this dog attended any training classes? □ Yes □ No □ If so, where and what type? __________________________

3. When off leash outside, does this dog return when called? □ Yes □ No □ Sometimes □ Never allowed off leash

   3a. If no, how would you get your dog back if s/he got loose? __________________________________________

4. When being walked, what equipment is used? □ Flat Collar □ Back Clip Harness □ Front Clip Harness □ Chain Collar
   □ Prong Collar □ Electric Collar □ Other: ________________________________________________________

   4a. Does the equipment used stop the dog from pulling? □ Yes □ No □ Sometimes

NOTES:

1. Does this dog have any characteristics or habits we should know about (i.e. stealing food, raiding the trash, etc.)? ________

   __________________________

   __________________________

   __________________________

2. What is the most important thing for a new owner to know about this dog? __________________________

   __________________________

   __________________________

   __________________________
Feline Pet Personality Profile

The following questionnaire is used to help us learn about this cat. This background information is used to place this cat in the best possible home. Please complete this questionnaire as completely and accurately as you can.

Reason for Surrender: ____________________  Hotline Number: ____________________

Keep in mind, the reason given may not be the root of the problem. Are they moving and not taking the pet with them because they cannot find affordable pet friendly housing or does the pet urinate in the home and they do not wish for this behavior to continue in the new house? Do they not have enough time for the pet because they work very long hours or does the pet become destructive when left home alone? In some cases we may be able to offer surrender prevention resources to help them keep their pet if desired.

BASIC INFORMATION

5. Is this pet spayed or neutered? ☐ Yes ☐ No ☐ I don’t know
5a. If yes, at what age? _________________________
6. Is this cat declawed? ☐ Yes ☐ No
6a. If yes, what paws have been declawed? ☐ Front ☐ Back ☐ Front & Back
6b. If yes, at what age was this cat declawed? ___________________________
7. Is this pet microchipped? ☐ Yes ☐ No ☐ I don’t know
7a. Microchip Company and # (if applicable): __________________________________________________
STAFF: ☐ Scanned
7b. Is the microchip registered to you as the owner? ☐ Yes ☐ No ☐ The chip was never registered
7c. If no, please describe your relationship to the registered owner: _______________________________________

We request consent from the registered owner before admitting the pet into the shelter.

8. How long has this pet been in your care? ________________________________________________________

If the pet was previously a stray, and the customer has been feeding/caring for the pet for three months or more, CHS considers the pet theirs.

9. Where did you get this pet? _________________________________________________________________

9a. If you got this pet from a previous owner, why did they give the pet away?

For example: If the previous owner gave up the pet because they had a new baby, was the pet aggressive with the baby? This helps us to get as much information about the pet’s past as possible.

9b. Please share available details about the previous family: ____________________________________________

Were their children in the home (if so, what ages), other pets in the home, etc.

9c. If you got this pet from another adoption agency, which one?________________________________________

Some agencies require that the pet be returned to them in the case that the owner is no longer able to keep it. If they’re unsure, you can also ask if they have their adoption contract from the other agency.

9d. If you got this pet from an adoption agency, did you notify them you can no longer keep this pet? ☐ Yes ☐ No

10. Has this pet ever bitten anyone? ☐ Yes ☐ No

10a. If yes, has this pet bitten people more than once? ☐ Yes ☐ No

10b. If yes, when was the most recent time this pet bit someone? ________________________________________

If the pet bit and broke skin within the past 10 days they must be quarantined per state law.

10c. If yes, please describe the circumstances of the bite(s): __________________________________________

10d. If yes, did this bite cause any bruises or scratches? ☐ Yes ☐ No

Details: _________________________________________________________

10e. Did this bite cause any bleeding? ☐ Yes ☐ No

Details: _________________________________________________________

The incident must have broken skin to be truly called a bite (for quarantine purposes).
10f. Was this bite reported to animal control? □ Yes □ No  Details: ________________________________________________________________

11. Has this pet ever bitten another animal? □ Yes □ No

11a. If yes, please describe the circumstances: ________________________________________________________________

11b. Was this within the last 10 days? □ Yes □ No

Animals who have bitten another animal may be required to quarantine for 10 days.

11c. Was this bite reported to animal control? □ Yes □ No

If this was reported to ACO – we can contact them for records and/or any need to consult with ACO if they are seeking surrender within 10 days of the bite.

11b. If yes, did either animal need medical attention? Details: ________________________________________________________

12. Has this pet ever injured another animal? □ Yes □ No

12a. If yes, please describe the injuries: ________________________________________________________________

12b. Was the other animal a wild animal or someone’s pet: _______________________________________________________

12c. If it was someone’s pet, do you have proof of the biting animal’s rabies vaccination status? □ Yes □ No

12d. When did the injury happen? ________________________________________________________________

Animals who have been injured by another animal with an expired or unknown rabies vaccination history are subject to a rabies quarantine – the length of which varies based on the vaccination status of both animals.

12e. Was this pet treated by a veterinarian for their injuries? □ Yes □ No

HEALTH CARE

1. Has this pet ever been to a veterinarian? □ Yes □ No  STAFF: □ Records

If the pet has been to a veterinarian previously and the owner has not already submitted the medical records, the clinic should be contacted to have the records sent over to the shelter before admission. Some clinics will require permission from the owner to release the records, so make the call while the client is still present.

1a. If yes, name of the veterinary hospital or clinic: ______________________________________________________________

1b. If yes, phone/town of the hospital or clinic: ______________________________________________________________

1c. If yes, when was the last visit? ________________________________________________________________

1d. How does s/he react at the veterinarian? ________________________________________________________________

How a pet behaves at the veterinarian is an indicator to how they may handle the first few days of the shelter environment.

2. Does this pet have any present or past medical conditions? □ Yes □ No

2a. If yes, please describe: ________________________________________________________________

3. Does this pet currently have any wounds or missing hair? □ Yes □ No

3a. If yes, please describe: ________________________________________________________________

If the pet has a bite wound or wound of unknown origin, they must be quarantined for a period of time following the onset of the injury per state law. Missing hair may indicate ringworm (a highly contagious fungal infection), parasites (such as fleas), skin allergies, or stress (amongst other causes).

4. Is this pet on any medication(s) or special diet? □ Yes □ No

4a. If yes, what medications and/or special food is your pet taking? Why is your pet on this medication/food? What are the dosing instructions? ________________________________________________________________

5. Has this pet ever received a Rabies vaccine? □ Yes □ No  5a. If yes, when? ________________________________________________________________

5b. If yes, do you have, or can you obtain, a rabies vaccination certificate? □ Yes □ No  STAFF: □ Cert
6. Does this pet have any allergies, including food, flea or a history of allergic reactions to vaccinations? □ Yes □ No
   6a. If yes, details: __________________________________________________________

7. Has there been any history of vomiting or soft stool? □ Yes □ No
   7a. If so, when and what were the circumstances? __________________________________

8. Have you noticed any increase or decrease in water consumption? □ Yes □ No
   A sudden change in water consumption or urination may indicate diabetes, kidney disease, or other serious medical conditions.

9. Have you been filling the water bowl more frequently? □ Yes □ No

10. Have you noticed any increase in urination frequency or volume? □ Yes □ No

11. What type of food does this pet eat? □ Dry □ Wet □ Mix 11a. Brand or bag description: __________________________
    The quality and amount of food may provide answers to certain medical conditions such as skin allergies or obesity. This information is also important if the pet refuses to eat the diet offered in the shelter.

11b. How many times a day do you feed this pet? ______________________________________________________________________

12. Does this pet enjoy brushing? □ Yes □ No □ Sometimes □ Unknown Details:________________________________________

13. Can you trim this pet’s nails? □ Yes □ No □ Sometimes □ Unknown Details:________________________________________

HOUSEHOLD INFORMATION AND SOCIAL BEHAVIOR

1. How many adults currently live with this pet? ____________ 2. Do any children live with this pet? □ Yes □ No
   2a. If yes, how many and what are their ages? __________________________

3. How does this pet get along with everyone in the home? ______________________________________________________________
   Is the pet fearful of one gender, very attached to one person, generally friendly with everyone, etc.?

4. Have there been any recent changes in the home (i.e. new family member, new pet, moving, etc.)? □ Yes □ No
   4a. If yes, please describe the recent changes:____________________________________________________________________
   Recent changes in the pet’s environment, may give cause to recent behavioral problems.

5. Do any other cats live with this pet? □ Yes □ No
   5a. If yes, please list any other cats that live with this pet including ages, sizes, sex, spay/neuter status and breed: (i.e. "Lulu" a 10 year old, 10 pound, spayed female Siamese)

5b. Does this pet interact with the other cat(s)? □ Yes □ No Details: ______________________________

5c. How does this pet interact with the other cat(s)? __________________________________________________________

6. Do any dogs live with this pet? □ Yes □ No
   6a. If yes, please list any dogs that live with this pet including ages, sizes, sex, and breed: (i.e. "Fluffy" a 12 year old, 17 pound, spayed female Sheltie)

6b. Does this pet interact with the dog(s)? □ Yes □ No Details: ______________________________

6c. How does this pet interact with the dog(s)? ______________________________________________________________

7. Do any other pets (other than cats or dogs) live with this pet? □ Yes □ No
   7a. If yes, please list any other pets that live with this pet including size and species: (i.e. "Hades" a 1 year old dwarf rabbit)

7b. Does this pet interact with the other animal(s)? □ Yes □ No Details: ______________________________

7c. How does this pet interact with the other animal(s)? __________________________________________________________
Employee Initials: ________

8. How does this pet interact with new dogs? □ Fearful □ Growls/Vocalizes □ Runs Away □ Playful □ Friendly
□ Other: ____________________________ □ Never met a new dog

9. How does this pet interact with new cats? □ Fearful □ Growls/Vocalizes □ Runs Away □ Playful □ Friendly
□ Other: ____________________________ □ Never met a new cat

10. How would you describe this pet’s personality? _________________________________________________________________
____________________________________________________________________________________________________

11. How does this pet typically greet new adults in his/her home? ______________________________________________________

This question is important because fearful or incredibly shy cats generally do not do well in a shelter. They may become shut down and introverted, they may stop eating and ultimately this will compromise not only their physical health, but their psychological wellbeing too. Ask follow-up questions: “Does he hide or avoid people?” “How long does it take for him to come out?” “If he’s hiding and the stranger reaches for him, will he bite or scratch?”

12. How does this pet typically greet new children in his/her home? ____________________________________________________

13. How energetic is this pet? □ Low □ Medium □ High

14. How vocal is this pet? □ Low □ Medium □ High

15. Does this pet like to be picked up? □ Yes □ No.

15a. If yes, how long does this pet like to be held? ________________

15b. If no, describe what this pet does when you pick him/her up: ______________________________________________________

Cats in a shelter environment will need to be picked up frequently for routine care and treatment.

16. How does this pet behave in the carrier? __________________________

17. Is this pet frightened of anything (i.e. fireworks, etc.)? □ Yes □ No.

17a. If yes, what are they afraid of? __________________________

17b. If yes, what do they do when scared? __________________________

ROUTINE AND HABITS

1. Does this cat live indoors or outdoors? □ Indoors □ Outdoors □ Both Details: __________________________

If they indicate their pet lives outdoors, ask them why. Is the pet living outdoors because that’s the pet’s preference or the owner’s preference? Does the pet have medical or behavioral concerns that caused the owner to keep them outdoors (such as LBA)? Outdoor cats are more likely to have medical and behavioral issues, such as skin infections, under socialization, etc., compared to indoor cats.

2. Does this cat use a litter box? □ Yes – Always □ Yes – Sometimes □ No Staff: □ LBA Questionnaire

3. How often does this cat go to the bathroom outside of the box? □ Often □ Sometimes □ Rarely □ Never □ Doesn’t use a box

3a. When/If this cat doesn’t use the box, where does s/he go to the bathroom? __________________________

Urine or feces just outside the box (because a rear end hung over the side) is not as much of a problem as a LBA in other parts of the home. Always ask for clarification.

4. What type of litter do you use? __________________________

4a. How often do you scoop the box? __________________________

4b. How often do you dump the box and replace all the litter? __________________________

4c. Is the litter box covered or open? __________________________

4d. Where is the litter box set up in the house? __________________________

Improper litter box maintenance, the number of litter boxes, and the type of litter/box used can all give cause to LBA. Making adjustment to a cat’s litter box practices can solve LBA and keep the cat in their current home or provide means to prepare a cat for adoption (all cats adopted from CHS must be effectively using a litter box by the time of adoption).
5. Does this cat like to play? □ Yes □ No
   5a. If yes, with what kind of toys? Check all that apply: □ Laser Pointer □ Wand Toys □ Stuffed Toys □ Crinkly Toys □ Bell Toys □ Other: ____________________________________________

5b. During play, can you pet this cat? □ Yes □ No □ Sometimes □ Details: ____________________________________________

5c. Can you pet this cat immediately after playing? □ Yes □ No □ Sometimes □ Details: ____________________________________________

6. Is this cat destructive? □ Yes □ No
   6a. Please describe his/her destructive behavior? ____________________________________________

6b. What have you done to deter this behavior and was it successful? ____________________________________________

NOTES

1. Does this cat have any characteristics or habits we should know about (i.e. curtain climbing, cord chewing, etc.)? ____________________________________________

2. What is the most important thing for a new owner to know about this cat? ____________________________________________