

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



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.



Employee Initials: _____

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

1. Pet's Name: _____ 2. Age or DOB: _____ 3. Sex: Male Female 4. Breed(s): _____

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: _____

Employee Initials: _____

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 ay 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

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: _____

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

STAFF: Cert

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.

Employee Initials: _____

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? _____

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 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, sizes, 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.

9. How does this pet interact with new cats? Fearful Growls/Vocalizes. Barks Playful Aggressive
 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

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

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.

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? _____



Employee Initials: _____

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

1. Pet's Name: _____ 2. Age or DOB: _____ 3. Sex: Male Female 4. Breed(s): _____

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).

Employee Initials: _____

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 ay 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

Employee Initials: _____

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).

Employee Initials: _____

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? _____

