

FAIRFAX PETS ON WHEELS, Inc.
FELINE Behavior Assessment
Part 1: to be completed by Owner/Handler

OWNER INFORMATION
Owner's Name:
Street Address:
City/State/Zip:
Day Phone:
Evening Phone:
Cell Phone:
E Mail:
HANDLER INFORMATION (if handler other than owner)
Handler Name:
Street Address:
City/State/Zip:
Day Phone:
Evening Phone:
Cell Phone:
E Mail:
CAT INFORMATION
Name:
Breed:
Gender (please circle): M F
Spayed/Neutered (please circle): Y N
Color:
Age:
PLEASE CHECK ALL THAT APPLY TO YOUR CAT:
<input type="checkbox"/> Friendly
<input type="checkbox"/> Approaches strangers
<input type="checkbox"/> Seeks companionship
<input type="checkbox"/> Prefers to isolate him or herself
<input type="checkbox"/> Travels well
<input type="checkbox"/> Wears collar/harness and leash w/out objection
<input type="checkbox"/> Lives with other animals
<input type="checkbox"/> Dislikes other animals
<input type="checkbox"/> Indoor cat
<input type="checkbox"/> Outdoor cat
<input type="checkbox"/> Playful/feisty
<input type="checkbox"/> Couch potato
(over)

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PLEASE CHECK ALL THAT APPLY TO YOUR CAT:
<input type="checkbox"/> Lap cat
<input type="checkbox"/> Enjoys being petted
<input type="checkbox"/> Affectionate/spontaneous
<input type="checkbox"/> When annoyed, swats or bites
<input type="checkbox"/> Growls/hisses when provoked
<input type="checkbox"/> Leash trained
<input type="checkbox"/> Comes when called
<input type="checkbox"/> Knows his/her name
<input type="checkbox"/> Gets into carrier without a struggle
<input type="checkbox"/> Explores new environments
<input type="checkbox"/> Cowers, hides in strange places
<input type="checkbox"/> Declawed
<input type="checkbox"/> Seldom uses claws
<input type="checkbox"/> Nails trimmed regularly
<input type="checkbox"/> Gives signals when uncomfortable
<input type="checkbox"/> Likes to be carried around
<input type="checkbox"/> Likes to snuggle
1) Has your cat ever bitten or nipped anyone? If yes, Describe
2) Has your cat been quarantined for any reason ? If yes, Describe
3) Do you know of any reason or behavior that may preclude or limit your cat from performing functions as a Fairfax Pets on Wheels volunteer? If yes, Describe
4) Other comments you may wish to share, (optional)
Signature:
Date:
Thank you for taking the time to fill out this form and for volunteering for this program.