



<i>Shelter use only</i> Name: _____ A#: _____

Cat Profile

The following questionnaire provides us with information about how your cat behaved in many different circumstances while he or she was living with you. Because your cat is likely to behave in similar ways in his or her new home, this information will help us find the most suitable home for your cat and effectively counsel the new family. Your honest and complete answers are necessary and appreciated.

By signing below, I certify that the information I am about to provide is accurate and complete to the best of my knowledge.

Signature _____ Date _____

Print Name _____ Cat's Name _____

Address _____

Phone Number _____ Email Address _____

CAT DESCRIPTION

Cat's Name: _____ Breed(s): _____ Age: _____

Sex: male female Spayed/Neutered: yes no unknown Microchipped: yes no

Declawed: yes no If yes: front back both Cat's age when declawed: _____

Where did you get this cat? this shelter friend relative newspaper website breeder found stray

pet store (list name): _____ other shelter/rescue (list name): _____

Owned for how long? _____ Reason for surrendering? _____

HOME ENVIRONMENT

How many people are in the home? _____ Current ages of children under 18: _____

Did the cat live with other animals? yes no If yes, what species/breed? _____

Are you surrendering the cat with another animal? yes no Names of other surrendered animals: _____

Do you believe they are bonded? yes no If yes, why? _____

Was the cat kept: inside outside both If allowed outside, how often? _____

How many litter boxes were in the home? _____ How many cats shared access to the boxes? _____

How often were the litter boxes scooped? _____ Where were the boxes located? _____

Type of litter: clay pine crystals/pearls newspaper clumping scented unscented

Type of litter box: uncovered covered electric high-sided other: _____

What brand of food did the cat eat? _____ Dry, canned, or both? _____

Cat was: free fed designated mealtimes When? _____ Favorite treats: _____

Favorite toys: _____

Scratching habits (check all that apply): scratching post carpet furniture other: _____

MEDICAL

Has the cat been to a vet? yes no Name/number of vet: _____

Is the cat current on vaccinations? yes no When was the cat last seen by a vet? _____

Does the cat currently have any medical issues? yes no List conditions: _____

Has the cat had any serious illnesses or injuries in the past? yes no List conditions: _____

Is the cat currently taking any medications? yes no List meds: _____

Additional medical comments: _____

BEHAVIOR

Is the cat good with (*check all that apply*): young kids older kids big dogs small dogs

cats small animals strangers brushing being petted being held

going to the vet going into carriers getting medication traveling in the car

If the cat is NOT good with any of the above, please list: _____

Is the cat (*check all that apply*): litter box trained well-behaved destructive friendly

fearful vocal gentle nippy playful rough player loner lap loving

active at night social low energy medium energy high energy

Is the cat afraid of (*check all that apply*): restraint nail trims water vacuums

loud noises strangers other: _____

Describe the cat's interaction with the children in the home: _____

Describe the cat's interaction with the other animals in the home: _____

Did the cat have litter box accidents in the home? yes no How often? _____

Where? _____ Was the cat tested by a vet to rule out medical causes? yes no

What are the cat's best qualities? _____

What are the cat's most challenging qualities? _____

Did the cat ever injure a person? yes no If yes, describe injury: _____

Describe circumstances that led to injury: _____

Did the cat ever injure another animal? yes no If yes, describe injury: _____

Describe circumstances that led to injury: _____

Did the cat ever behave aggressively WITHOUT causing injury? yes no If yes, explain: _____

List any additional behavioral issues: _____

Did the cat bite and break the skin of a person within the past 10 days? yes no Date: _____

Was Animal Protection Police/Animal Control ever contacted about this cat? yes no

When/Why? _____

Additional comments: _____
