

Animal ID: _____

Date: _____



Cat Personality Profile

Thank you for taking the time to fill out this profile. It will help us in making the best placement for your cat.

Animal Info:

Cat's name: _____ Age: _____

Breed: Short-hair Medium Long-hair Other _____

Gender: Female Male Spayed Female Neutered Male

Is this cat declawed? No Yes, front only Yes, front and back

How long has this cat lived with you? _____ yrs _____ mos.

Where did your cat live? Indoors Outdoors Both

Could this cat have interacted with raccoons, skunks, etc? Yes No

Where did you get this cat? Potter League Other animal shelter Breeder

Friend/Relative Internet/Newspaper Found/Stray Born at home

How old was the cat when you got him/her? _____

Has this cat bitten a person or animal and broken skin in the past 10 days? Yes No

If yes, please describe: _____

Reason for surrender: _____

Medical History:

Veterinarian name: _____ Phone #: _____

Date last seen: _____ Does this cat have any medical issues? Yes No

If yes, please explain: _____

Lifestyle and Home Life:

Is this cat good with? Dogs? Yes No Don't know

Cats? Yes No Don't know

Kids? Yes Ages _____ No Don't know

What sexes and ages of people has your cat lived with?

Men Women Seniors Children (how many & ages) _____

What animals did your cat live with? Dogs Cats Other how many? _____

How would you describe this cat's behavior around children? (check all that apply)

Friendly Playful Tolerant Afraid Shy Aggressive Never been around children

Is cat afraid of: Thunder Loud noises Cars Vacuum Other: _____

Does this cat use a scratching post? Yes No Type: _____

Has this cat scratched furniture? No Yes: Fabric Wood

What words describe this cat? (check all that apply) Lap- loving Social Butterfly Mellow

Curious Rambunctious Shy Loner Affectionate Vocal Playful

How long is cat alone during the day? Not 1-3 hrs 4-8 hrs Over 8 hrs

Is cat allowed on: Furniture Counters Tables Window sills Beds

Is this cat trained for harness or leash? Yes No

Does your cat: Chew/Dig in plants Kill rodents/birds Escape out the door
 Like toys Like brushing Like being picked up Like catnip

Favorite toys: Ball Mouse Wand/String Feather Other: _____

How has this cat been corrected if he/she misbehaves? _____

Litter Box Habits

Is this cat litter box trained? Yes No

Does this cat spray in the house? No Yes: Where? _____

Where does this cat go to the bathroom? Litter box only Outside only Both

Where is the litter box kept? _____

What kind of litter do you use?

Clay Clumping Feline Pine Wood pellets Other: _____

What type of box is cat used to? Uncovered Covered

How many litter boxes are available to the cat? _____

Does the cat share the box with other cats? No Yes: How many? _____

How often is box scooped? _____ thoroughly cleaned? _____

If cat is making house soiling mistakes, please explain: _____

Are the litter box accidents..... Urine? Feces? Both?

How often does the cat have accidents in the house?

All the time Once a day Once a week Never Other: _____

Where are the accidents occurring?

Near litter box Other area of the house _____ Carpeted floor

Wood floor Other: _____

How long has the cat been having accidents in the house?

1 week 1 month Several months Other: _____

Have there been any recent changes to your household or routine? (such as new baby, moved, new pet, new cat in the neighborhood) _____

Dietary Habits

What type of food does this cat eat? Dry Canned Both

Special diet _____

Brand of food cat is fed: _____

When is cat fed? Morning Evening Morning & Evening Free fed

Is there anything else that you would like to like to tell us about your cat? _____

