

Cat Profile



Date: _____

Animal ID (Staff Use Only)

Cat's information:

Cat's name: _____

Breed: _____

Age: _____ Date of birth (if known): _____

Sex: Male Female

Spayed or Neutered: Yes No Unknown

Declawed: None Front only Front and back

About your cat's history:

How long has this cat lived with you? _____

Where did you obtain this cat? _____

Please explain why you are relinquishing your cat: _____

About your cat's habits:

Where does your cat spend most of their time?
 Inside only Outside only Inside and outside Garage/barn/shed

When is your cat inside? _____

When is your cat outside? _____

If your cat goes outside, how do they get out?
 Cat door Window Guardian lets them out Other: _____

Is your cat capable of being an indoor only cat? _____

Has your cat ever escaped from the house? Yes No

If yes, please explain how: _____

Where does this cat sleep at night? Inside Outside

Where? With whom?

What brand of food does your cat eat?

Does your cat eat: Wet food Dry food Both Special/medical diet and if so, what? _____

How often does your cat eat? Once daily Twice daily Free fed

What are your cat's favorite treats?

Number of cats in your home?

Number of litter boxes in your home?

What type of litter does your cat prefer?

The litter box is...

Scooped:

- Daily
- Several times a week
- Weekly
- Less than once a week
- Monthly
- Less than once a month
- When it smells bad

Dumped:

- Daily
- Several times a week
- Weekly
- Less than once a week
- Monthly
- Less than once a month
- When it smells bad

Cleaned:

- Daily
- Several times a week
- Weekly
- Less than once a week
- Monthly
- Less than once a month
- When it smells bad

What do you use to clean the litter box (bleach, pine sol, detergent, enzyme, etc.)?

Where is the litter box located? *Check all that apply*

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Main floor | <input type="checkbox"/> Laundry room | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Second floor | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Basement | <input type="checkbox"/> In a closet | <input type="checkbox"/> Other. Please specify: _____ |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Under furniture | _____ |

Are there any strong smells or loud noises near your cat's litter box? Yes No

If yes, please explain:

Is your cat's food located in close proximity to their litter box? Yes No

Does your cat consistently use their litter box? Yes No

If no, does your cat have issues with: Urination out of box Defecation out of the box Both

Under what circumstances might your cat have an accident?

How long, if applicable, has your cat had litter box issues?

Please describe the cleaning procedure after an accident:

About your cat's behavior:

What is your cat's favorite game? *Check all that apply.*

- Playing with air toys such as Da' bird
 - Pouncing ground toys such as balls or toy mice
 - Playing with strings or toys such as the "cat dancer"
 - Other, please explain:
-

Does your cat get regular interactive play time with people? Yes No

If yes, how many times a day does your cat play?

Does your cat use a scratching post? Yes No

What type of surface does your cat prefer to scratch on? *Check all that apply.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Cat tree/scratching post | <input type="checkbox"/> Upholstery | <input type="checkbox"/> Horizontal/flat surfaces |
| <input type="checkbox"/> Cardboard scratcher | <input type="checkbox"/> Wood | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Jumping/climbing on people | <input type="checkbox"/> Drapes/curtains | _____ |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Vertical/upright surfaces | _____ |

This cat's energy level is: Low energy Medium energy Extremely active

This cat is most active during: Daytime Nighttime Both

How does your cat solicit affection?

Who does your cat most enjoy spending time with?

How does your cat generally greet strangers in the home?

Does your cat hunt mice or other small animals?

Does your cat know any cues/tricks?

Does your cat allow you and/or anyone to pick them up? Yes No

If not, please explain their reaction to being picked up:

Does your cat enjoy petting? Yes No

If not, please describe their reaction to petting:

Does your cat have areas of their body that they don't like touched?

How does your cat behave at the vet?

What makes this cat nervous, or causes it to behave in a different manner than usual? *Check all that apply.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Men | <input type="checkbox"/> Going in the car | <input type="checkbox"/> Other cats |
| <input type="checkbox"/> Women | <input type="checkbox"/> Cat carriers | <input type="checkbox"/> Thunder |
| <input type="checkbox"/> Children | <input type="checkbox"/> Bathing | <input type="checkbox"/> Loud noises/sirens |
| <input type="checkbox"/> Strangers | <input type="checkbox"/> Brushing | <input type="checkbox"/> Other animals: _____ |
| <input type="checkbox"/> Going to the vet | <input type="checkbox"/> Nail clipping | <input type="checkbox"/> Other: _____ |

How would you describe this cat overall? *Check all that apply.*

- | | | |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Cuddly | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Clingy | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Standoffish | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Shy | <input type="checkbox"/> Other: _____ |

Where does your cat go to seek comfort: *Check all that apply.*

- High places (Such as the top of a bookshelf)
- Low places (Such as under the couch)
- Other: _____
-

Does your cat have any fears and if so, what are they?

Have you ever worked with a behaviorist, or other professional regarding your cat's behavior? Yes No

If yes, please explain:

Has your cat had any experience with children? Yes No

Would you recommend that your cat be placed in a home with children? Yes No

Please explain why or why not:

Has your cat had any experience with other animals? Yes No

If yes, please list species of other animals:

If yes, please tell us more about whether it was successful or not:

Has your cat been destructive in the home? Yes No

If yes, please explain:

If yes, do these behaviors continue to happen?

How does your cat respond to changes in their life?

Has your cat ever swatted at you or anyone else? Yes No

If yes, please explain the incident(s):

Has your cat ever bitten you or anyone else? Yes No

How many times has your cat bitten?

If yes, please explain the incident(s):

Did the bite(s) break the skin? Yes No

Has your cat bitten and broken the skin on anyone in the past 10 days? Yes No

If yes, please write the date the bite occurred:

Did the bite cause:

- No damage
- Bruising/swelling/redness/scratching
- Single puncture not requiring medical attention
- Multiple punctures not requiring medical attention
- Punctures requiring stitches and medical intervention

Has your cat ever shown any other form of aggression towards you or anyone else? Yes No

If yes, please explain:

How often does your cat show aggression?

About your cat's health:

Is your cat current on their vaccinations?

What is the name of your veterinary clinic?

Does your cat have any medical concerns? Yes No

If yes, please explain:

In the last 30 days has your cat had:

- Coughing
- Sneezing
- Vomiting
- Diarrhea
- Blood in urine
- Straining to urinate

Does your cat have any skin allergies? Yes No

If yes, what are the symptoms?

If so are they controlled by: Special diet Prescription drugs Uncontrolled

If skin allergies are uncontrolled, was a solution sought?

Please explain:

Has your cat ever been diagnosed with a urinary tract infection? Yes No

If yes, what was the outcome?

Does your cat suffer from seizures? Yes No

If so, are the seizures controlled by medication? (Please write name and dosage of medication)

If the seizures are not controlled, what measures have been sought to control them?

Please describe the ideal home you would like for this cat:

Please explain any behaviors that the new adopters will need to be aware of, and under what circumstances they may happen. (Example: Scratching the furniture, excessive vocalizing, playing inappropriately):

Please use the space below for any additional information you would like to share about your cat: