

Date: ____/____/____



**HUMANE
SOCIETY**
OF BOULDER VALLEY

Cat Profile

Cat's Information:

Animal ID (Staff Use Only) _____

Cat's Name: _____

Breed: _____

Sex: (Check Box) Male Female

Spayed or Neutered: (Check Box) Yes No Unknown

Age: _____

Date of Birth (If Known): _____

Declawed: None Front Only Front and Back

About your Cat's History:

How long has this cat lived with you? _____

Where did you obtain the cat? _____

Please explain why you are relinquishing your cat:

About your Cat's Health:

Is your cat current on his/her vaccinations? _____

What is the name of your veterinary clinic? _____

Does your cat have any medical concerns? Yes No

If yes, please explain: _____

Does your cat have any skin allergies? Yes No

If yes, what are the symptoms? _____

If so are they controlled by: Special diet Drug dosage Uncontrolled

If skin allergies are uncontrolled, was a solution sought? _____

Please explain: _____

Does your cat suffer from seizures? Yes No

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

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

About your Cat's Habits:

Where does your cat spend most of his/her time? _____

Is your cat allowed outside? Yes No

Is he/she capable of being an indoor only cat? _____

Has your cat ever escaped from the house? Yes No

If yes, please explain how: _____

What brand of food does your cat eat? _____

Does your cat eat wet food, dry food or both? _____

What type of litter does your cat prefer? _____

How many litter boxes does your cat have access to? _____

Does your cat share a litter box with other cats? How many? _____

Where are the litter boxes located? _____

How often do you scoop the litter? _____

How often do you change out the litter? _____

Are there any strong smells or loud noises near his/her litter box? Yes No

If yes, please explain:

Is his/her food located in close proximity to his/her litter box? _____

Does your cat consistently use his/her litter box? Yes No

If no, are his/her issues with: (Check Box)

Urination out of box

Defecation out of the box

Both

Under what circumstances might he/she have an accident?

How long, if applicable, has he/she had litter box issues? _____

Please describe the cleaning procedure after an accident: _____

Has your cat ever been diagnosed with a Urinary Tract Infection? Yes No

If yes, what was the outcome? _____

Have you ever sought any other medical solution to the litter box issues? Yes No

If yes, please explain the result: _____

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: _____

How many times a day does your cat play? _____

After play sessions, does your cat stay aroused/active? _____

In what ways does your cat solicits affection? _____

Who is your cat's favorite company? _____

How does your cat generally greet strangers in the home? _____

Does your cat hunt mice or other small animals? _____

Does your cat know any commands/tricks? _____

Does your cat allow you and/or anyone to pick him/her up? _____

If not, please explain his/her reaction to being picked up: _____

Does your cat enjoy petting? Yes No

If not, please describe his/her reaction to petting: _____

How does your cat behave at the vet? _____

Where does your cat seek comfort: (Check all that apply)

High places (Such as the top of a bookshelf)

Low places (Such as under the couch)

Other, please explain: _____

Have you ever worked with a behaviorist, or other professional regarding your cat's behavior? If yes, please explain: _____

Has your cat any experience with children? Yes No

If yes, was it successful? Yes No

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

If no, please explain why: _____

Has your cat any experience with other animals? Yes No

If yes, please list species of other animals? _____

If yes, was the situation successful? Yes No

If not, please explain why: _____

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): _____

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 its 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

If yes, please explain the incident(s): _____

Did the bite(s) break the skin? _____

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

If so, please write the date the bite occurred: _____

Has your cat ever shown any other form of aggression towards you or anyone else? If yes, please explain: _____

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

What does your cat do when he/she is frightened? _____

Is your cat sensitive about being touched or handled in any way? Yes No

If yes, please explain: _____

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

