



Date: _____

CAT PERSONALITY PROFILE

Animal Number: _____

DESCRIPTION

Cat's name: _____ Gender: M / F Age: _____ Breed: _____

Is the cat spayed or neutered? Yes No Don't know Is the cat declawed? Yes No If yes:

Front feet only Back feet only Both Did you declaw the cat? Yes No, it was declawed when I got it

How long have you had the cat? _____ Where did you get the cat? _____

What was the cat's role in your family? (i.e. mouser, companion) _____

How many owners has the cat had? (include yourself) _____

Why are you surrendering the cat? _____

What steps did you take to resolve this issue? _____

What would need to happen for you to keep the cat? _____

Does the cat have any medical issues? Yes No Don't know If yes, please describe: _____

Has the cat been to a veterinarian for this issue? Yes No

Which veterinarian does the cat see? _____

GENERAL BEHAVIOR

Describe the personality of the cat: Active Shy Friendly Independent Dominant

Submissive Aggressive Talkative Affectionate Playful Mellow Confident

Easygoing Fearful Quiet Energetic

Does the cat have a favorite place to be scratched/pet? Where? _____

Is there any place the cat does **NOT** like being touched? (i.e. belly, tail, ears) _____

Does the cat like to be picked up? Yes No If no, what does the cat do? Bites Scratches Tries to get away

Does the cat scratch destructively? (i.e. furniture, carpet) Yes No If yes, please describe: _____

Did the cat have access to a scratching post? Yes No If yes, how many? _____

Please describe the scratching post(s): _____

Does the cat use the scratching post(s)? Yes No Don't know Did you provide toys for the cat? Yes No

If yes, what are the cat's favorite toys? _____

(Cat profile continues on back)

Is the cat afraid of anything? Yes No If yes, specify: Men Women Children Strangers Dogs
Loud noises Other: _____
How does the cat respond to being brushed? Likes Tolerates Dislikes Growls/hisses Tries to bite
How does the cat respond to having nails trimmed? Likes Tolerates Dislikes Growls/hisses Tries to bite
Has the cat ever bitten anyone? Yes No If yes, did the bite(s) break skin? Yes No If yes, what was the date of the most recent bite? _____ Has the cat ever been vaccinated against Rabies? Yes No
What were the circumstances of the bite? _____

Does the cat **currently** go outside? Yes, sometimes Yes, the cat is outdoor only No, the cat is indoor only
If indoor/outdoor, how many hours per day is the cat: Inside____ Outside____ Is there access to a cat door? Y / N
Where does the cat sleep? Inside Outside
When does the cat go outside? During the day Anytime it wants At night Never
If the cat goes outside, is it: Unsupervised With human supervision On a leash/harness
Has the cat **ever** been outside? Yes No If yes, how long ago? _____
Have you relocated/moved with the cat? Yes No If yes, how many times? _____
How did the cat adjust to the change of environment? _____

BEHAVIOR WITH OTHERS

Do you hand wrestle/rough house with the cat? Yes No
Has the cat lived with children? Yes No If yes, please circle: Currently In the past
What ages are/were the children? _____
How does the cat respond to children? Likes Plays with Tolerates Hisses/growls Tries to bite
How did the children play with the cat? Toys Wrestled with hands Other _____
How does the cat react to strangers? Likes Ignores Hides Is aggressive Other _____
Has the cat lived with other cats? Yes No If yes, please specify the following:
Male Female Age:_____ Spayed or neutered? Yes No
Male Female Age:_____ Spayed or neutered? Yes No
Male Female Age:_____ Spayed or neutered? Yes No
How does the cat respond to other cats? Plays with Tolerates Fights with Other _____
Has the cat lived with dogs? Yes No If yes, please specify the following:
Male Female Age:_____ Breed:_____ Size/weight: _____
Male Female Age:_____ Breed:_____ Size/weight: _____
Male Female Age:_____ Breed:_____ Size/weight: _____
How does the cat respond to dogs? Plays with Tolerates Fights with Other _____
Has the cat lived with any animals other than dogs or cats? Yes No If yes, please specify: _____

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LITTER BOX

Is the cat litter box trained? Yes No Goes outside How many litter boxes do you have in the home? _____

How often is the litter box cleaned? _____ Is the litter box covered? Yes No

Where is the litter box located? _____

Does the cat sometimes **NOT** use the litter box? Yes No

If yes, does the cat urinate: Horizontally (puddles on floors, carpet) Vertically (sprays walls, furniture) Both

Does the cat defecate (poop) outside the litter box? Yes No

How long has the cat been eliminating outside the litter box? _____

How often does the cat eliminate inappropriately? _____

Where or on what is the cat eliminating? _____

Have you changed the litter type? Yes No Have you moved the litter box? Yes No

Has the cat been seen by a veterinarian for this specific issue? Yes No If yes, what was the diagnosis?

MISCELLANEOUS

Have there been any recent changes in the cat's life? New Baby New dog/cat Moved New housemate

Death of family/owner Other: _____

Has your cat ever received vaccinations? Yes No If yes, are they current? Yes No (vaccines often expire yearly) I don't know If yes, please provide records or veterinarian contact information.

What type of food did your cat eat? Dry Canned/Wet Table scraps Other _____

What brand of food did you feed your cat? (i.e. Purina, IAMS, Store brand, etc.) _____

Is the cat on a special diet? Yes No If yes, please specify: _____

Is the cat on any medications? Yes No If yes, please specify: _____

Additional comments or information: _____
