



Animal ID # _____

Date _____

CAT PERSONALITY PROFILE

Thank you for filling out this profile. This information will help us make the best possible placement for your cat.

Cat's Name: _____ Age/Date of Birth: _____

Gender: Male Neutered Male Female Spayed Female Unknown Breed: _____

Color of Fur: _____ Fur Patterns: _____ Short Fur Medium Fur Long Fur

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

Name of Veterinarian: _____ Date of last Visit: _____ Date of last Rabies shot _____

HAS THIS CAT BITTEN ANYONE (broken the skin) IN THE LAST TEN DAYS? Yes No

If **YES**, please describe the circumstances: _____

When does this cat bite? Never Often Once in a while When playing

Could this cat have been exposed to raccoons, skunks, etc? Yes No

Does this cat have any special medical problems/conditions? Yes No

If **YES**, please describe _____

Where did you get this cat? _____ How long have you owned this cat? _____

How old was this cat when you got him? _____ How many homes (including yours) has this cat had? _____

Why are you giving up this cat? _____

Litter Box

Is this cat housebroken? (check all that apply) Completely Litter trained Goes Outside Makes mistakes rarely
 Makes mistakes often Urinates outside of box Urinates on clothing/furniture Poops outside of box
 Sprays or marks territory Other _____

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

How many litter boxes are available to this cat? _____ Brand/kind of litter used: _____

How often is the box scooped for poop/wet litter? _____ thoroughly cleaned/litter changed? _____

What kind of litter box is used? Uncovered Covered Self-cleaning litter box

Where is the litter box(es) located? _____

If your cat is making mistakes, please describe: _____

Can you pinpoint what event(s) that might have influenced or triggered inappropriate litter box use? _____

Lifestyle

Where is this cat kept during the day? Inside Outside Inside/Outside

Where is this cat kept during the night? Inside Outside Inside/Outside

In your absence, where is this cat kept? Inside/free Inside/confined Outside free In/Out

How long is this cat alone during the day? Not alone 1 to 3 hours 4 to 8 hours Over 8 hours

What type of household is this cat used to? Quiet Fairly Quiet Busy Very Busy

What type of household would be ideal for this cat? Quiet Fairly Quiet Busy Very Busy

What type of household should be avoided? Quiet Very Busy Young Children Dogs Cats Other Pets

Please list family members and ages who lived with this cat: _____

Please check off other animals this cat has lived with: None Dog(s), how many _____ Cat(s) how many _____

Other, please list _____

Behavior

Please fill in which behavior(s) from the **list of Behavior Choices** below that best describes this cat's reaction to:

Babies/Toddlers (0 to 3 years) _____

Young Children (4 to 8 years) _____

Older Children (over 8 years) _____

Dogs _____ Cats _____ Other Animals _____

Strangers _____ Veterinarian _____ Groomer _____

Behavior Choices:

Friendly	Gentle	Good	Affectionate	Playful	Confident	Cuddly	Peacefully co-existed	
Tolerates	Nervous	Not Good	Runs from	Hides	Rough	Mouthy	Fearful	Unknown
Chases	Hisses	Growls	Scratches	Swats	Fights with	Bites	Attacks	Kills

What makes this cat special? Please list qualities about this cat that you like the most: _____

Does this cat like to be held? Yes, lap cat Yes, sometimes Tolerates No, but sits close by No, struggles No, scratches

This cat can be described as: (check all that apply)

<input type="checkbox"/> Easy Going	<input type="checkbox"/> Good Natured	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Friendly	<input type="checkbox"/> Lap cat	<input type="checkbox"/> Playful	<input type="checkbox"/> Companionable
<input type="checkbox"/> Cuddly	<input type="checkbox"/> Very Active	<input type="checkbox"/> Couch Potato	<input type="checkbox"/> Smart	<input type="checkbox"/> Fearless	<input type="checkbox"/> Aloof	<input type="checkbox"/> Independent
<input type="checkbox"/> Confident	<input type="checkbox"/> Fearful	<input type="checkbox"/> Nervous	<input type="checkbox"/> Shy	<input type="checkbox"/> Quiet	<input type="checkbox"/> Vocal	<input type="checkbox"/> Attention Demanding

Is this cat afraid of (check all that apply):

<input type="checkbox"/> Loud Noise	<input type="checkbox"/> Thunder	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs	<input type="checkbox"/> Vet	<input type="checkbox"/> Cat Carrier
<input type="checkbox"/> Men	<input type="checkbox"/> Women	<input type="checkbox"/> Children	<input type="checkbox"/> Strangers	<input type="checkbox"/> Other _____		

What does this cat dislike? _____

When does this cat: Hiss _____ Growl _____ Swat _____

Is this cat allowed on: Furniture Counters Tables Windowsills Beds Other _____

Is this cat destructive? Yes No Only when left alone

If Yes (check all that apply): Chews Scratches Soils Claws Rugs/Stairs Chews Plants Vocal
 Claws/Scratches Furniture Claws/Scratches Wood Other _____

Does this cat: Chew/dig in plants Kill rodents/birds Escape out the door Claws
 Like toys Like brushing Like being picked up Like Catnip
 Use scratch post Mind nails clipped Other _____

How has this cat been corrected when s/he misbehaves? _____

Name any places on his/her body that this cat does not like to be touched _____

Play Style

Does this cat play a lot at night? Yes No

Is this cat vocal? Yes No If Yes: For Attention At Night Conversation only Other _____

Does this cat use a scratching post? Yes No If Yes, favorite kind is: Sisal (rope) Cardboard Rug type

Favorite toys (check all that apply): Ball Mouse Wand/String Feather Catnip Other _____

Dietary Habits

What type of food does this cat eat? Canned/Wet Dry Both Special Diet _____

How many times a day is this cat fed? _____ Is food always available? Yes No

What is this cat's favorite brand(s) and flavor(s) of food? _____

What type of treats does this cat enjoy? _____