

Microchip# _____



INCOMING CAT PROFILE

The following questionnaire helps us learn about your cat. We use this information to help find the best possible home and prepare your pet's new family with information about his/her history. Please complete this questionnaire as accurately as possible.

Undesirable behaviors or medical issues DO NOT necessarily prevent placement, but failure to disclose them interferes with the adoption process.

BASIC CAT INFORMATION

Name: _____ Sex MALE FEMALE Age: _____

How long have you owned/cared for this cat? _____ Spayed or Neutered? YES NO

Where did you get this cat? _____

Reason for surrendering this cat? _____

Has your cat bitten and/or scratched a person within the last 10 days? YES NO

Did the bite and/or scratch break skin and/or bleed? YES NO

Have you tried to find a home for this cat on your own or contacted any rescue groups? YES NO

MEDICAL HISTORY

Does your cat see a vet a least once a year? YES NO

Name of Veterinarian/Vet Hospital: _____

Can we contact your vet to obtain your cat's medical records? YES NO

Does your cat have any past or present medical conditions? YES NO

If yes, please explain: _____

Is your cat currently on any medication? YES NO

If yes, please explain: _____

Is your cat currently on any special diets? YES NO

If yes, please explain: _____

Is this cat declawed? NO YES (FRONT) YES (BACK) YES (BOTH)

How does this cat react at the vet? Please check all that apply.

Calm Nervous Excited/Hyper Needs Muzzle Needs Sedation Friendly

LIFESTYLE & HOME LIFE

What other animals did your cat live with? DOGS CATS OTHER _____ NONE

Including yourself, what other people has your cat live with? Please check all that apply

Adult men Adult women Children 0-3 Children 4-8 Children 9-12 Teens 13+

How would you describe your cat's personality? Please check all that apply.

Playful Couch potato Vocal Friendly Shy Independent Fearless Fearful Quiet

Affectionate Hyper Aloof Outgoing More like a dog Lap cat Aggressive

Other: _____

How does your cat typically respond when an unfamiliar person approaches or enters the house? Please check all that apply.

Friendly Scared Hides Indifferent Affectionate Other: _____

How active is this cat? Very active Somewhat active Inactive

How vocal is this cat? Very vocal Somewhat vocal Non-vocal

Where does your cat like to be pet? Please check all that apply.

Head Back Rump Tail Feet Ears Other: _____

What does your cat do when it has had enough petting? _____

Does this cat like to be picked up? YES NO

What does your cat do when it does not want to be picked up? _____

Where does your cat spend most of his/her time? INSIDE OUTSIDE BOTH

What best describes your home?

Busy: People always coming and going Quiet: Someone always home

Empty: People rarely home Average: People at home 50/50

Does this cat like to play? Please check all that apply.

- Not interested in play
- Chase bugs
- Will fetch
- Plays rough/may scratch or bite
- Plays with toys
- Plays gently
- Plays with water
- Plays with dogs
- Catnip mice
- Plays with cats
- Likes laser pointer
- Likes wand/feather toys

BEHAVIOR

Does this cat use a litter box? YES NO

If no, where does this cat go to the bathroom? _____

What type of litter box do you have? COVERED UNCOVERED OTHER: _____

What type of litter do you use? CLAY CLUMPING PELLETS PAPER OTHER: _____

Is your cat destructive? YES NO

If yes, please explain: _____

How does your cat usually behave toward the following? Please check all boxes.

	Never Encountered	Friendly	Fearful	Growls	Bites
People your cat knows					
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar People					
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals your cat knows					
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar Animals					
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any report of your cat ever inflicting a serious bite and/or scratch to a person? YES NO

If yes, please explain _____

Has your cat ever attacked another animal? YES NO

If yes, please explain: _____

Please feel free to tell us any additional helpful comments:
