



Cat Personality Profile

Intake #

Date:

General Information

1. Cat's name: _____ Age: _____ Sex: Male Female
Spayed/Neutered: Yes No Not sure

2. Where did you get this cat? _____

3. Why are you surrendering this cat? _____

4. How long has this cat lived with you? _____ How many homes has this cat had? _____

5. Is this cat declawed? Yes No Not sure

6. Is this cat current on vaccinations? Yes No Not sure

7. Has cat tested negative for feline leukemia? Yes No Not sure

8. Does your cat have any medical conditions? Yes No If yes, describe: _____



May we call contact his/her vet? (Please list Vet Clinic) _____

Lifestyle & Home Life

9. Has this cat regularly been around children? Yes No

If yes, what ages: 0-2 yrs 2-5 yrs 6-10 yrs 11-18 yrs

If this cat has interacted with children under age 7, how did they interact? (circle all that apply)

Cat avoided/ran away from child Cat hissed or growled at child Ignored each other
Child could pet cat Cat and child played together

10. Has this cat lived with dogs? Yes No

If so, how did it interact with them? (circle all that apply)

Cat was frightened Cat avoided/ran away Cat rubbed on dog
Cat played with dog Cat fought w/ injuries Cat fought w/o injuries
Cat groomed dog Cat slept with dog

11. Has this cat lived with other cats? Yes No

If so, how did it interact with them? (circle all that apply)

Groomed each other Slept near each other Played together
Sniffed noses Peacefully coexisted Ignored each other
Fought w/ injuries Fought w/o injuries Caused this cat stress



12. How does this cat like to play? (circle all that apply)

Gently--does not use teeth/claws Rough--may playbite Chase things
Prefers petting to playing Not much interest in play Pounces on things

13. Has the cat ever bitten a person? Yes No

If yes, under what circumstances? (circle all that apply)

When being placed in a carrier When being picked up
When being petted During play
Who did the cat bite? Stranger Familiar Adult Child under 7 yrs Other animal

(over)

14. Does the cat like to be petted? Yes No (Chin Stomach Head Ears Back)

15. What does the cat do when you pick it up? (circle all that apply)

Relaxes and stays in arms Won't allow

Struggles to escape Runs away

16. Where does this cat spend time?

Indoors only

Indoors & Oudoors

Outdoors only

Enclosed deck/porch

Personality

17. How would you describe your cat most of the time? (circle all that apply)

Very active Couch potato Talkative Quiet Affectionate Aloof Solitary Playful

Friendly to family Shy to family Friendly to visitors Shy to visitors Lap cat Independent

Fearless Scaredy cat Loves to be with people

18. What are some things you truly love about this cat?



Litter Box Habits ***

19. Did your cat have access to a litter box in the house? Yes No

20. Did your cat use the litter box? Yes No Sometimes

If not, describe what it did instead. _____

How did you attempt to solve this problem? _____

21. Has your cat been to the veterinarian to rule out underlying health issues? Yes No

If yes, describe the outcome. _____

22. If cat lived with other cats, was there more than one litter box? Yes No

23. (Optional) Leave your name and number for the new owner to contact you:

Did you complete both sides of this form?

*** If this cat's profile states there have been litter box issues, please be aware some of these problems can be corrected. It's also possible these same issues may not occur in a new home !!! If you feel this cat's qualities are what you are looking for, Do Not Be Discouraged. Take a minute to read the posted "Litter Box Tips and Information" or ask for staff assistance.

**** THERE IS NO GUARANTEE NOTES ON THIS ANIMAL SUBMITTED IN ADDITION TO THIS FORM WILL BE READ ****