



## INCOMING CAT PROFILE

Please fill this out so we can find the best home for your cat!

Date: \_\_\_\_\_ Relationship to cat: \_\_\_\_\_

### Part 1: Household History

1) Cat's name: \_\_\_\_\_ How old is your cat? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

2) How long have you had your cat? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

3) Why are you giving up this cat? \_\_\_\_\_

4) What would have to happen for you to keep this cat? \_\_\_\_\_

5) Where did you get your cat?  Rescue group  Other Animal Shelter  Friend/Relative  Own Litter  
 Newspaper/Craigslist  Found/Stray  Breeder  Pet Store  Gift  Other \_\_\_\_\_

6) Please describe your household:  Quiet  Active  Noisy

7) Including yourself, how many people of the following ages live in your house? Please fill in the boxes:

Age Range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

8) What other animals has your cat lived with?

- None
- Dogs # \_\_\_\_\_ Breed \_\_\_\_\_
- Cats #males \_\_\_\_\_ #females \_\_\_\_\_
- Other \_\_\_\_\_

9) How does your cat *usually* behave toward the following? Please check all boxes that apply.

	Friendly	Playful	Runs/ Hides	Ignores	Hisses/ Growls	Swats/ Scratches	Bites	N/A
<b>People your cat lives with:</b>								
Men								
Women								
Children								
<b>Visitors:</b>								
Men								
Women								
Children								
<b>Animals your cat knows:</b>								
Dogs								
Cats								
<b>Animals your cat doesn't know:</b>								
Dogs								
Cats								

### **Part 2: Cat's Litterbox History**

1) Do you provide your cat with a litterbox?  Yes  No

How many? \_\_\_\_\_

Do you use liners?  Yes  No

How often is it scooped? \_\_\_\_\_ Changed completely? \_\_\_\_\_

2) What type of litter box?  Uncovered  Covered  Automatic (self-cleaning)  Top Entry

Other(explain) \_\_\_\_\_

3) What type of litter?  Clay  Clumping  Crystals  Corn/wheat  Other \_\_\_\_\_

4) \* Does your cat have accidents in the house?  Yes  No

**\*If YES, please fill out the House Soiling Questionnaire\***

### **Part 3: Cat's Behavior History**

1) Please describe your cat:  Playful  Couch Potato  Talkative  Affectionate  Destructive

Rambunctious  Other: \_\_\_\_\_

2) \* Has your cat ever bitten a person?  Yes, during play  Yes, causing injury

Did the person require medical care?  Yes  No

If yes, please explain: \_\_\_\_\_

3) \* Has your cat ever scratched a person?  Yes, during play  Yes, causing injury to the person  No

4) **Is your cat:**     Indoor only                     Outdoor only                     Indoor/Outdoor

**If outdoors**, is your cat:  Allowed to Roam     Supervised     Harnessed     Screened Room/Porch

5) **How long is your cat left alone, without people?**  Never  1-3 Hrs  4-8 Hrs  9-12 Hrs  Over 12 Hrs

6) **Does your cat like to be held?**     Yes     Tolerates     No, Struggles     No, Scratches or Bites

7) **Does your cat like to be petted?**     Yes     Tolerates     No, Struggles     No, Scratches or Bites

8) **Is your cat a lap cat?**     Yes, often     Yes, on occasion     Rarely     Never

9) **Are there places your cat does NOT like to be touched?**     Ears     Paws     Tail     Stomach

Other \_\_\_\_\_

If touched in the above place(s), how does your cat respond?     Does nothing     Moves away     Growl

Hiss     Swat     Scratches     Bites     Other \_\_\_\_\_

10) **How does your cat play?**             Gentle     Somewhat rough     Very rough     Doesn't play

If your cats plays with people, *does he/she*:     Grab with claws     Scratch     Bites lightly     Bites hard

What toys does your cat like?     None     Catnip     Fuzzy mice     Balls     String

Other \_\_\_\_\_

11) **Is your cat frightened of anything?**     Thunder     Loud noises     Vacuum     Dogs     Cats     Men

Women     Children     Strangers     Other: \_\_\_\_\_

12) **Please tell us about your cats "bad habits":**     Scratches furniture     Scratches rugs     Door Dashes

Chews/Digs in plants     Jumps on counters     Knocks things off shelves     Vocal     Hunts

Other \_\_\_\_\_

13) **Is your cat allowed on:**             Counters     Furniture     Bed     Table/Shelves

14) **Is your cat accustomed to:**     Bathing     Brushing     Nail trimming     Teeth cleaning     Medicating

15) **Does your cat use a scratching post?**     Yes     No    If yes, what kind?     Carpet     Rope     Cardboard

Where is the scratching post located? \_\_\_\_\_

**Part 4: Cat's Medical History**

1) Does your cat see a veterinarian on a regular basis?  Yes  No

How did your cat behave at the veterinarian?  Friendly  Tolerant  Afraid  Hisses  Swats/Bites

2) *\* Does your cat have any past or present medical conditions?*  Yes  No

*If yes, what are they?* \_\_\_\_\_

3) *\* Is your cat currently on any medications or special diets?* \_\_\_\_\_

4) Is your cat spayed or neutered?  Yes  No *If yes, at what age?* \_\_\_\_\_ Declawed?  Yes  No

5) What type of food does your cat eat?  Dry  Wet/Canned  Mixed

What brand? \_\_\_\_\_

***\*Please provide any additional information that could help potential adopters get to know your cat:***

---



---



---



---



---



---



---



---



---



---



---



---

**By signing below, I certify that all information given is accurate and truthful to the best of my knowledge.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_