



Cat Personality Profile

Every cat is unique and we want to make sure we know everything about them. Please complete this form to help us match your pet with the perfect forever home.

In order to be considered for evaluation, the animal must be under the care of the owner for no less than 10 days. ****Please note: An admissions appointment does not guarantee that your pet will be accepted for the adoption program.***

We cannot accept:

- **Stray animals:** Owners who have lost their pets need a central location to find them, and that is their local municipal agency (animal control/shelter). Under state law, stray animals must be held for a minimum of 5 days in order to provide owners adequate time to locate their lost pets.
- **Animals with known aggression problems or an animal that has bitten someone within the last 10 days**
- **Animals with known contagious or fatal diseases**
- **Pit-Bulls**
- **Animals with behavioral disturbances that would prevent them from being adopted**

1. What is your cat's name: _____
2. How old is your cat: _____ Male/Female? _____
Spay/Neutered? _____ Microchipped? _____
3. Is your cat declawed? No Yes- Front-only All 4-paws
What age was this done? _____
4. Has this cat been adopted before from an animal welfare organization? No Yes Don't know
5. How long have you had this cat? _____
Where did you get this cat? _____
Do you know why the previous owner gave away? _____
6. Why are you surrendering this cat? _____

7. Has this cat ever bitten anyone? Yes No How long ago was the bite? _____
If yes, did the bite break the skin Yes No

Please describe circumstances:

8. Has there been any change in your household recently?
 No Adding a family member New pet Departing family member A recent move

9. List children in your household and how they interact with pet: _____

10. List other pets in your household and how they interact with pet: _____

11. Where did this cat spend most of its time? Inside Outside Both

12. When was this cat last seen by a veterinarian? _____ Veterinarian Name _____
Does your dog have/had any significant health problems? _____
Is your cat on any medications? _____
Did you/can you bring Veterinary and vaccine records? _____
How does the cat react to the veterinarian? Shy Aggressive Friendly

13. Please describe any health concerns _____

14. What type and brand of food do you feed the cat? Wet Dry Brand: _____
How often fed? _____ How much per day? _____

15. How does the cat react to new people? Shy Aggressive Friendly

16. This cat is: (circle any) Playful Shy Wants to be near you Lap-cat Loner Vocal Mellow
Please describe _____

17. Does the cat enjoy being petted? Yes No Enjoy being picked-up? Yes No
Please describe _____

18. Describe the cat's favorite toy, play-thing or game? _____

19. If you could change one of the cat's bad habits, what would it be? _____

20. Does the cat use a scratching post? Yes No
If yes, is it a: Horizontal corrugated cardboard scratching pad Vertical post

21. Is the cat destructive when left alone? Yes No Explain _____

22. Does cat like to be brushed? Yes No

23. Does your cat have any areas it does not like to be touched? _____

24. Type(s) of litter box? Uncovered Covered Electronic self-scooping
 Other _____

25. What size is the litter box? Standard Large (sweater-box) Other _____

26. Are you experiencing litter box accidents with your cat? Yes No

If you are experiencing LITTER BOX MISTAKES or ISSUES with your cat
please answer the additional questions on next page.

1. When did the issue start? _____

2. Is the problem urinating or defecating outside of the box? Urinating Defecating

3. Depth of the litter? 1-2 inches 2-3 inches 3-4 inches Greater than 4 inches

4. Do you use liners in the litter box(s)? Yes No
5. How many cats use the same box? _____
6. How often do you SCOOP out the litter boxes? _____
- DUMP the litter boxes (empty out and replace litter material)? _____
- CLEAN/WASH OUT the litter boxes (wash it using water and/or cleaners)? _____
7. What have you done to try and correct the litter box problems? _____
8. Has the cat been tested for a UTI (urinary tract infection)? Yes No Result: _____
9. Has the cat shown any of the following signs of illness (check all that apply)?
 Frequent urination Small amounts of urine Blood in urine
 Goes in front of owner Meows when urinating
10. Has the cat been tested for parasites? Yes No Result: _____
11. Has the cat shown any of the following signs of illness (check all that apply)?
 Meows when defecating Blood in stool Diarrhea Constipation Hard stools
12. Are there other cats in or around the home? No Yes
13. Where in the home are the litter boxes? _____
14. How frequent were these accidents? _____
15. When was the most recent accident? _____
16. Where in the home do the accidents occur? _____

Owner Comment Section:

***** DO NOT WRITE BELOW, FOR STAFF USE ONLY*****

Completed Behavioral Evaluation Completed Medical Evaluation

Accepted for Adoption Yes No Waiting List

Overall Comments:
