



## 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.

1. What is your cat's name: \_\_\_\_\_
2. How old is your cat: \_\_\_\_\_
3. Male/Female? \_\_\_\_\_ Spay/Neutered \_\_\_ Yes \_\_\_ No \_\_\_ Not sure
4. Microchipped? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure
5. Is your cat declawed? \_\_\_ Yes \_\_\_ No ( \_\_\_ Front only \_\_\_ All 4) What age was this done? \_\_\_\_\_
6. How long has this cat been in your care? \_\_\_\_\_

Where did you get this cat? \_\_\_\_\_

Has this cat ever previously been with an animal shelter or welfare agency? Please specify:

\_\_\_\_\_

If this cat had a previous owner, do you know why the previous owner gave away?

\_\_\_\_\_

7. Why are you surrendering this cat? \_\_\_\_\_  
\_\_\_\_\_

8. Has this cat ever bitten anyone? \_\_\_ Yes \_\_\_ No

If yes, how long ago was the bite? \_\_\_\_\_

If yes, did the bite break the skin \_\_\_ Yes \_\_\_ No

Please describe circumstances: \_\_\_\_\_

\_\_\_\_\_

9. Has there been any of the following changes in your household recently?

\_\_\_ Added family member \_\_\_ Added new pet \_\_\_ Departing of family member \_\_\_ Recent move

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

10. List children in your household and how they interact with pet: \_\_\_\_\_

\_\_\_\_\_

11. List other pets in your household and how they interact with pet: \_\_\_\_\_

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

13. When was this cat last seen by a veterinarian? \_\_\_\_\_

Veterinary Clinic's Name \_\_\_\_\_

Does your cat have veterinary or vaccine records we can retrieve? \_\_\_\_\_

15. Does your cat have or have they ever had any significant health problems? If so, please describe.

16. Is your cat on any medications? \_\_\_\_\_

When was flea medication last given? \_\_\_\_\_

17. How does the cat react to the veterinarian?  Shy  Aggressive  Friendly

18. What type and brand of food do you feed the cat?  Wet  Dry Brand: \_\_\_\_\_

How often fed? \_\_\_\_\_ How much per day? \_\_\_\_\_

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

20. This cat is (check any)  Playful  Shy  Lap-cat  Loner  Vocal  Mellow

21. Does the cat enjoy being petted?  Yes  No Do they mind being picked-up?  Yes  No

Does cat like to be brushed?  Yes  No

Please describe any specific interactions or triggers that your cat does not like: \_\_\_\_\_

22. Describe the cat's favorite toy, play-thing or game: \_\_\_\_\_

23. Do they use a scratching post?  Yes  No Is the cat destructive when left alone?  Yes  No

25. If you could change one of the cat's bad habits, what would it be? \_\_\_\_\_

26. Type(s) of litter box used?  Uncovered  Covered  Electronic self-scooping

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

What size is the litter box?  Standard  Large (sweater-box) Other: \_\_\_\_\_

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

**The following questions are only if your cat is experiencing litter box or marking issues.**

1. When did the issue start? \_\_\_\_\_
2. Is the problem urinating or defecating outside of the box?  Urinating  Defecating  Both
3. How many cats use the same box? \_\_\_\_\_
4. 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? \_\_\_\_\_
7. Has the cat been tested for a UTI (urinary tract infection)?  Yes  No Result: \_\_\_\_\_
8. 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/defecating  Bloody stool  Diarrhea  Constipation  Hard stools
9. Has the cat been tested for parasites?  Yes  No Result: \_\_\_\_\_
11. Are there other cats in or around the home?  Yes  No
12. Where in the home are the litter boxes? \_\_\_\_\_
13. How frequent were these accidents? \_\_\_\_\_
14. When was the most recent accident? \_\_\_\_\_
15. Where in the home do the accidents occur? \_\_\_\_\_

**Any additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Use Only:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_