



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: _____

