



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 _____

Date of spay/neuter? _____ Where was the spay/neuter performed? _____

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 to the shelter: (Indicate all that apply)

Behavioral problems Time commitment Family issues Health issues (owners or cats) Other

Please describe in detail with your own words why are you surrendering this cat?

8. If we could provide you with a solution for the issue that is causing you to surrender your cat, would you consider keeping your cat? Yes _____ No _____

9. Circle all that apply to describe your cats personality:

Friendly Shy Independent Fearful Playful Affectionate Aloof Aggressive

Vocal Nervous Calm

Please describe in detail with your own words your cats personality:

10. Does your cat like to spend time with family? Yes _____ No _____

11. Is your cat slow to adjust to new things?(visitors, noises, new pets, etc.) Yes _____ No _____

12. Who has this cat lived with and how did they interact with everyone? _____

13. Has this cat lived with children? Yes _____ No _____ If yes, what ages? _____

How would you describe your cats's behavior towards children? (Indicate all that apply)

Friendly Tolerant Nervous Scared Excited

If your cat has had issues with children that include behaviors such as hissing, swatting, or biting please describe how many times and give as much detail as you can about each incident:

14. If your cat hasn't lived with children, how often do they interact with them? _____

15. What does your cat do when:

A child is crying/screaming? _____

A child runs towards them? _____

A child tries to hug them? _____

A child touches/pets them? _____

16. Where does the cat spend most of their time? Inside _____ Outside _____

17. Where does your cat like to spend time when inside? _____

18. If your cat goes outside do they? Stay close to the house _____ Wander off _____ Fight with other cats _____

19. Does your cat like to sit in your lap? Yes _____ No _____

20. Does your cat like to be petted? Yes _____ No _____

What does she do when they have had enough petting? _____

21. Does your cat like to be picked up? Yes _____ No _____

What do they do if they are not in the mood to be picked up? _____

22. Is your cat afraid of, or uncomfortable with: (Indicate all that apply)

Men Women Children Infants None

23. Does your cat show aggression towards: Family members _____ Visitors _____

If yes, do they: mark all that apply) Hiss Swat Scratch Bite Run Away

24. What other animals has your cat lived with and how many? Dogs _____ Cats _____ Other _____

Any issues with the other animals in the house? _____

25. Does your cat scratch on furniture or carpeting? Yes _____ No _____

26. Do you have a scratching post for your cat? Yes _____ No _____

27. Does your cat use the scratching post? Yes _____ No _____

If yes, what kind? (please mark all that apply) Vertical Horizontal Cardboard Carpeting Rope Wood

28. Does your cat like to play? Yes _____ No _____

If yes, what their favorite toy or game? _____

29. What kind of food does your cat eat? _____ How much? _____

Dry food: 1x/day _____ 2x/day _____ Free feed _____ Never _____

Wet food: 1x/day _____ 2x/day _____ Free feed _____ Never _____

30. Is your cat on any special/medical diet? Yes _____ No _____ If yes, what? _____

31. What type of litterbox do you use? Uncovered _____ Covered _____ Other _____

32. How many litter boxes? _____ Location of litterboxes: _____

33. What type of litter do you use?(Mark all that apply) Clay Clumping Shavings Pellets Crystals Other _____

34. Does your cat ever eliminate outside the litterbox? Yes _____ No _____ If yes: Urine _____ Defecate _____ Both _____

How frequently? Daily _____ Weekly _____ Once in a while _____

Where do they eliminate if not in the box? _____

How long has this issue been going on? _____

35. Have you ever taken your cat to the vet for inappropriate elimination? Yes _____ No _____

If yes, did they find a medical reason? Yes _____ No _____

If yes, what was the reason? _____

Did treatment resolve the issue? Yes _____ No _____

36. What is the name of your Vet's office? _____

37. How does your cat behave at the vet? _____

38. Is your cat up to date on vaccinations? Yes _____ No _____

39. Has your cat ever had a vaccine reaction? Yes _____ No _____ If yes, to what vaccine? _____

40. Is your cat current on heartworm and flea prevention? Yes _____ No _____ Date given? _____

41. Has your cat been tested for FIV/FelV with in the last 6 months? Yes _____ No _____ Not sure _____

If yes, what was the result? _____

42. Please circle any of the following that this cat has been diagnosed or treated for:

Arthritis Cancer Epilepsy/Seizures Tumors Separation anxiety Thyroid disease
Skin allergies Chronic ear infection Chronic eye infection

Other: _____

Any additional Comments: _____
