



## 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. How old was the cat when you acquired them? \_\_\_\_\_
4. Male/Female? \_\_\_\_\_ Spay/Neutered Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

Date of spay/neuter? \_\_\_\_\_ Where was the spay/neuter performed? \_\_\_\_\_

5. Microchipped? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
6. Is your cat declawed? Yes \_\_\_\_\_ No \_\_\_\_\_ (Front only \_\_\_\_\_ All 4 \_\_\_\_\_)

What age was this done? \_\_\_\_\_

7. 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 rescue? Please specify:

\_\_\_\_\_

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

\_\_\_\_\_

8. Why are you surrendering this cat to the shelter: (check 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:

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9. 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 \_\_\_\_\_

10. Check 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:

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11. Does your cat like to spend time with family? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is your cat slow to adjust to new things?(visitors, noises, new pets, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

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

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14. Has this cat lived with children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what ages? \_\_\_\_\_

How would you describe your cats's behavior towards children? (Check 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: \_\_\_\_\_

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

\_\_\_\_\_

16. 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? \_\_\_\_\_

17. Where does the cat spend most of their time? Inside \_\_\_\_\_ Outside \_\_\_\_\_

18. Where does your cat like to spend time when inside? \_\_\_\_\_

19. If your cat goes outside do they:

Stay close to the house \_\_\_\_\_ Wander off \_\_\_\_\_ Fight with other cats \_\_\_\_\_

20. Does your cat like to sit in your lap? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Does your cat like to be petted? Yes \_\_\_\_\_ No \_\_\_\_\_

What do they do when they have had enough petting? \_\_\_\_\_

22. 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? \_\_\_\_\_

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

Men    Women    Children    Infants    Dogs    Other Cats    None

24. Does your cat show aggression towards: Family members \_\_\_\_\_ Visitors \_\_\_\_\_

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

25. What other animals has your cat lived with and how many?

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Any issues with the other animals in the house? \_\_\_\_\_

26. Does your cat scratch on furniture or carpeting? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Do you have a scratching post for your cat? Yes \_\_\_\_\_ No \_\_\_\_\_

28. Does your cat use the scratching post? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind? (please check all that apply) Vertical \_\_\_\_\_ Horizontal \_\_\_\_\_ Cardboard \_\_\_\_\_

Carpeting \_\_\_\_\_ Rope \_\_\_\_\_ Wood \_\_\_\_\_

29. Does your cat like to play? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what their favorite toy or game? \_\_\_\_\_

30. 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 \_\_\_\_\_

31. Is your cat on any special/medical diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

32. What type of litterbox do you use? Uncovered \_\_\_\_\_ Covered \_\_\_\_\_ Other \_\_\_\_\_

33. How many litter boxes? \_\_\_\_\_ Location of litterboxes: \_\_\_\_\_

34. What type of litter do you use?(Check all that apply)

Clay \_\_\_\_\_ Clumping \_\_\_\_\_ Shavings \_\_\_\_\_ Pellets \_\_\_\_\_ Crystals \_\_\_\_\_ Other \_\_\_\_\_

35. 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? \_\_\_\_\_

36. 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 \_\_\_\_\_

37. What is the name of your Vet's office? \_\_\_\_\_

38. How does your cat behave at the vet? \_\_\_\_\_

39. How does your cat react to being placed in a carrier? \_\_\_\_\_

40. How does your cat react to being in the car? \_\_\_\_\_

41. Is your cat up to date on vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

42. Has your cat ever had a vaccine reaction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to what vaccine? \_\_\_\_\_

43. Is your cat current on heartworm and flea prevention? Yes \_\_\_\_\_ No \_\_\_\_\_

Date given? \_\_\_\_\_

44. Has your cat been tested for FIV/FelLV with in the last 6 months?

Yes \_\_\_\_\_

No \_\_\_\_\_

Not sure \_\_\_\_\_

If yes, what was the result? \_\_\_\_\_

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

Arthritis

Cancer

Epilepsy/Seizures

Tumors

Separation anxiety

Chronic ear infection

Skin allergies

Chronic eye infection

Thyroid disease

Upper Respiratory Infection

Urinary Tract Infection

Diabetes

Diarrhea

