

Incoming Cat Profile

Case # _____

Cats's Name: _____ **Age:** _____ years _____ months

Sex: Female - Male - Spayed Female - Neutered Male

Declawed?: None - Front Paws - All 4 Paws **If Declawed, at what age was it done?:** _____

Why are you surrendering this pet?: _____

Where did you get this cat?:

This Shelter - Friend/Relative - Found/Stray - Breeder - Pet store - Internet

Other shelter/rescue (*please specify*): _____ - Offspring of Another Pet

How long have you had the cat?: _____

Including yourself, how many people of the following ages has the cat lived with?:

<i>Age Range (Years)</i>	<i>Female:</i>	<i>Male:</i>
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

What other animals did your cat live with? (If applicable, please specify how many):

- No other animals in household - Large Dog(s) _____ - Medium Dog(s) _____
- Small Dog(s) _____ - Cats _____
- Other: _____

Did the cat co-exist well with other household animals? Yes - No

If the answer is no, please explain: _____

Which other animals do you feel your cat be rehomed/live comfortably with?:

- Large Dogs - Small Dogs - Cats - Small Animals - No other animals

Does your cat enjoy visitor dogs inside the home?: _____

How does your cat generally behave toward the following (Check all that apply):

	<i>Never encountered</i>	<i>Friendly</i>	<i>Relaxed/Affectionate</i>	<i>Hides/Fearful</i>	<i>Hisses/Growls/Swats</i>	<i>None of these</i>	<i>Other</i>
Large Dogs:							
Small Dogs:							
Other Cats:							
Unknown Men:							
Unknown Women:							
Babies 0-6 years							
Children 6-12 years old							
Small animals:							

What would you say your cats's energy level is from 1-10? 10 being very active: _____

What would describe your cat's personality? (Check all that apply):

- Affectionate - Independent - Social/Outgoing - Shy - Lap Cat - Playful
- Mellow - Hides a lot - "Night Owl" - Talkative - Demands attention - Hunter
- Other: _____

Where does your cat spend most of his/her time?:

- Inside the home - Indoor/Outdoor - Outdoors

If outdoors was answered, how often does he/she go outside?: _____

Is your cat harness trained?: _____ Is he/she used to wearing a collar?: _____

Where does this cat sleep at night?: _____

How does this cat feel about being brushed?: _____

What toys does the cat enjoy?:

- Feather Wand - Jingle Toys - Balls - Fuzzy Mice - Laser Pointer - Plush toys
- Milk Caps - Plastic toys - Feather Toys - Spring toys - Cat Nip - Cat Grass
- Other: _____

What “hobbies” does your cat enjoy? (Check all that apply):

- Window watching the birds - Lap sitting - Basking in the sun - Playing with toys
- Playing with other cats - Playing with dogs - “Helping” you clean/work
- Going for walks - Eating - Being a “Catnip Connoisseur”

How does your cat enjoy the following scratching post options? (Check all that apply):

- Vertical - Horizontal - 45° Angle
- Cardboard - Twine wrapped - Carpeted
- Free Standing - Attached to Cat Tree - Attached to furniture piece

What type of litterbox is the cat used to?:

- Covered - Uncovered
- Large - Medium - Small
- High Sides - Low Sides
- Other: _____

What type of cat litter is the cat used to?:

- Clay Clumping - Clay Non-clumping - Pellets - Wheat/Pine - Alternative _____
- Scented - Unscented

What brand of litter is the cat used to?: _____

How often is the litterbox scooped?: _____ **Emptied and cleaned?:** _____

Has the cat ever urinated/defecated outside of the litterbox?: _____

If yes was answered above, when did this occur and how was it resolved?: _____

Has the cat ever bitten anyone? Yes - No

If so, did the bite break skin and/or require medical treatment?: _____

What was the age of the person bitten and what were the circumstances?: _____

What type of food is the cat used to? (Check all that apply) :

- Dry Kibble - Canned Food - Other: _____

What is the cat's feeding schedule?: _____

What brand and flavor is the cat used to?: _____

Medical History

Who is your cat's regular Veterinarian? (If not a local Vet, please provide clinic name, city, state, and if able, a phone number): _____

Check if your cat has ever shown any of the following *negative* behaviors when handled by a Veterinarian or groomer:

	<i>Never Had Done</i>	<i>Hisses and/or growls</i>	<i>Bites</i>	<i>None of these</i>
Full Body Examination				
Administer Shots				
Trim Nails				
Blood Draw				
Teeth Checked				
Ears Checked				

Is your cat currently on any medications? Please list medications and what they are for: _____

Last time your cat was to the Vet and reason for visit: _____

BraggingTime!! Please share what you love most about your cat and what others would love too!:
