



INCOMING CAT PROFILE

Please fill this out so we can find the best home for your cat!

Part 1: Household History

1) Cat's name: _____ How old is your cat? _____ yrs. _____ mos.

How long have you had your cat? _____ yrs. _____ mos.

2) Why are you giving up this cat? _____

What would have to happen for you to keep this cat? _____

3) Where did you acquire your cat? Quincy Animal Shelter Other Animal Shelter Friend/Relative

Newspaper Found/Stray Breeder Pet Store Gift Own Litter Other _____

4) Please describe your household: Quiet Active Noisy

5) Please list the AGES of household members your cat has lived with:

Men _____ Women _____ Children _____

How did your cat react to the men in the household?

Friendly Playful Afraid Ignores Hisses/growls Scratches Bites No men in household

How did your cat react to the women in the household?

Friendly Playful Afraid Ignores Hisses/growls Scratches Bites No women in household

How did your cat react to the children in the household?

Friendly Playful Afraid Ignores Hisses/growls Scratches Bites No children in household

6) What other animals did your cat live with? No other animals in household

Dogs # _____ Breed _____ Cats #males _____ #females _____ Other _____

How did your cat get along with the cats in your household?

Friendly Playful Tolerant Afraid Ignores Hisses Growls Swats

7) *How did your cat get along with the dogs in your household?*

Friendly Playful Tolerant Afraid Ignores Hisses Growls Scratches

Part 2: Cat's Litter Box History

1) Do you provide your cat with a litter box? Yes No How many? _____ Is it covered? Yes No

Do you use liners? Yes No

How often is it scooped? _____ *Changed completely?* _____

Where are the litterboxes located? _____

2) What type of litter do you provide? Clay Clumpable Crystals Other _____

3) Does your cat have accidents in the house? Yes No If **NO**, skip to Part 3.

If **YES**,

Does your cat Urinate Defecate Both

Have you noticed your cat having difficulty urinating or having blood in the urine? Yes No

Have you taken your cat to your veterinarian for your cat's house soiling problem? Yes No

How long has your cat had this problem? _____

How often does your cat have accidents?

Daily One or more times weekly One or more times a month Occasionally

- Please describe the accidents:
- Urinates/defecates right outside the box (please circle whether urine or feces)
 - Urinates/defecates anyplace
 - Urinates/defecates in bathtub
 - Urinates/defecates on furniture
 - Urinates/defecates on clothing
 - Sprays (urinates) on walls and furniture
 - Other_____

Can you pinpoint an event(s) that might have triggered the problem?

- Move
- New person in home
- New pet: What kind? _____
- Fighting with household cat
- Changed litter or litter box (including changed covers)
- Changed location of litter box
- Other: _____

Please describe any measures you have taken to correct this problem: _____

Part 3: Cat's Behavior History

1) Is your cat: Indoor only Outdoor only Indoor/Outdoor

If outdoors, is your cat: Allowed to Roam Supervised Harnessed Screened Room/Porch

2) How long is your cat left alone, without people? Never 1-3 Hrs 4-8 Hrs 9-12 Hrs Over 12 Hrs

3) Does your cat like to be held? Yes Tolerates No, Struggles No, Scratches or Bites

4) Does your cat like to be petted? Yes Tolerates No, Struggles No, Scratches or Bites

5) Is your cat a lap cat? Yes, often Yes, on occasion Rarely Never

6) Where does your cat NOT like to be touched: Ears Paws Tail Stomach Other_____

If touched in the above place(s), how does your cat respond? Does nothing Moves away Growl Hiss

Swat Scratches Bites Other_____

7) How does your cat play? Gentle Somewhat rough Very rough Doesn't play

If your cats plays with people, does he/she: Grab with claws Scratch Bites lightly Bites hard

8) **How does your cat respond to visitors?** Friendly Playful Afraid Ignores Hisses/growls Scratches Bites

9) **How does your cat respond to children?** Friendly Playful Afraid Ignores Hisses/growls Scratches Bites Never sees children

9) Is your cat frightened of anything? Thunder Loud noises Vacuum Dogs Cats

Men Women Children Strangers Other:_____

10) Please tell us about your cats "bad habits": Scratches furniture Scratches rugs Door Dashes

Chews/Digs in plants Jumps on counters Knocks things off shelves Vocal Hunts Other_____

11) Has your cat ever bitten a person? Yes No Did the person require medical care? Yes No

If yes, please explain: _____

Has your cat ever scratched a person? Yes No

13) Have you ever provided a scratching post for your cat? Yes No If yes, what kind? Carpet Rope

Cardboard Where was the post? _____

Did the cat use the post? Yes No

14) Is your cat accustomed to: Bathing Brushing Nail trimming Teeth cleaning Medicating

15) How does your cat behave in the car? Cries Vomits Tries to escape Urinate/Defecate Does nothing

Part 4: Cat's Medical History

1) Did your cat see a veterinarian on a regular basis? Yes No

How did your cat behave at the veterinarian? Friendly Tolerant Afraid Hisses Swats/Bites

2) Does your cat have any past or present medical conditions? Yes No

If yes, what are they? _____

3) Is your cat currently on any medications or special diets? _____

4) Is your cat spayed or neutered? Yes No If yes, at what age? _____

Declawed? Yes No If yes, Front feet only All four feet

5) What type of food does your cat eat? Dry Wet/Canned Mixed What brand? _____

Part 5: Additional Information

This cat is best described by the following words: Playful Rambunctious Affectionate Talkative

Couch Potato Destructive

This cat would do well in a home with the following:

Kids: Of any age Ages 5 and over Ages 9 and over Ages 14 and over No kids at all

Other Animals: With both cats and dogs With cats only With dogs only With no dogs With no cats

With no other animals at all Other _____

Visitors: Many visitors Few visitors No visitors

Someone home: All day Most of the day In the mornings and evenings

Part 6: Please feel free to tell us any additional helpful information

By signing below, I certify that all information given is accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone Number: _____