



Feline Personality Profile

To help us place your pet in an environment best suited to its needs, we ask you to complete this profile as completely as you can.

Cat's Name: _____ Nickname(s): _____

Age: _____ Breed: _____ Male Female

Is your cat declawed? No Yes – 2 paw or 4 paw (please circle) Is your cat altered/fixated? Yes No

How long have you owned your cat? _____ yrs / mos

Where did you get/obtain your cat? _____

Why are you surrendering your cat? _____

Is your cat primarily? Indoor only Indoor/Outdoor Outdoor only

Has your cat ever bitten anyone? No Yes, please explain _____

Is your cat good with? Men Women Children Male cats Female cats Small dogs Large dogs Birds
 Pocket pets (gerbils, hamsters, mice)

From your experience, what does your cat **NOT** get along with? Men Women Children Male cats Female cats
 Small dogs Large dogs Birds Pocket pets (gerbils, hamsters, mice)

Did your cat live with children? No Yes, ages _____

Should your cat go to a home with children? No Yes, ages _____

What best describes your cat's temperament? Active Affectionate Aloof Calm Cuddly Friendly
 Lap cat Playful Shy/afraid Independent Aggressive Fearful Solitary Friendly to family
 Friendly to visitors Other _____

Does your cat have a strong prey drive? No Yes

Is your cat afraid of? Strangers Baths Vacuum Thunder/loud noises Car rides Vet visits
 Other _____

Does your cat tend to: Jump on countertops/tables Scratch/bite while playing Chew plants Scratch carpet/furniture
 Stay active at night Vocalize (talk) Climb trees Other _____

What does your cat enjoy: Balls Boxes/paper bags Laser pointers Sitting/looking out windows String Stuffed toys
 Cat nip Fake mice Other _____

Is your cat litter box trained? No Yes If Yes, is the litterbox Covered Uncovered

Where is the litter box kept? _____

What type of litter do you use? Scoopable Clay Brand of litter used: _____

How many times per week do you clean the litterbox? _____

Does your cat have accidents in the house? No Yes If Yes, the cat Urinates Defecates Sprays

How long is your cat left alone, without people? Never 1-3 hrs 4-8 hrs 9-12 hrs 12+ hrs

Does your cat have/use a scratching post? No Yes

What materials does your cat tend to scratch? Cardboard Carpet Furniture Horizontal surfaces Vertical surfaces
 Other _____

Where does your cat like to sleep? On furniture In cat bed With a person Under furniture Anywhere sunny/warm
 No preference Other _____

How does your cat react to being picked up/handled? _____

What areas of your cat's body does he **NOT** like being touched/handled? _____

Describe how your cat does when groomed (baths, brushing fur, cleaning ears,) _____

Are you able to clip the nails? No Yes

Does your cat ride well in the car? No Yes Does he get car sick? No Yes

Does your cat have any health issues? No Yes, please specify _____

Has your cat ever had surgery? No Yes, please specify _____

How does your cat behave during visits to the vet? _____

May we obtain veterinary records? No Yes, Vet name & phone _____

What brand of food does your cat eat? _____

How many meals a day? _____ How much does your cat eat per meal? _____

Are there any special issues/qualities about your cat that we should understand that will help us to place him/her into a new home? _____

What is your cat's favorite toy and favorite activities? _____

What type of home would you recommend for your cat? _____

May the new owner/s contact you for more information? No Yes, Name & phone _____
