



## **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.*

### ***DESCRIPTION:***

CAT'S NAME: \_\_\_\_\_ NICKNAME(S): \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE ALTERED:  YES  NO  UNSURE

BREED (S): \_\_\_\_\_ DECLAWED:  YES  NO

THIS CAT IS PRIMARILY...  A HOUSE CAT  AN OUTDOOR CAT

### ***MEDICAL:***

FELUK/FIV TESTED:  YES  NO  UNSURE

FELINE DISTEMPER VACCINATION:  YES  NO  UNSURE Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

RABIES VACCINATION:  YES  NO  UNSURE Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FLEA PREVENTATIVE:  YES  NO  UNSURE Date of last dose: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does this cat have any health issues you are aware of (allergies)? \_\_\_\_\_

VETERINARIAN (S): \_\_\_\_\_ LOCATION/PHONE: \_\_\_\_\_

### ***GENERAL INFORMATION:***

How long have you owned this cat? \_\_\_\_\_

Where do you get him originally?  BREEDER  FRIEND  NEWSPAPER  PET STORE  GIFT  RESCUE GROUP

ANIMAL SHELTER  CEDAR BEND  OTHER \_\_\_\_\_

Is your cat litter trained?  YES  NO If not, why? \_\_\_\_\_

Where is your cat's litter box kept? \_\_\_\_\_ What type of litter do you use? \_\_\_\_\_

How often is the litter box scooped? \_\_\_\_\_ Cleaned? \_\_\_\_\_

Where does your cat sleep? \_\_\_\_\_ When does your cat eat? \_\_\_\_\_

What brand of food does your cat eat? \_\_\_\_\_ How much per meal? \_\_\_\_\_

Number of meals a day? \_\_\_\_\_ Any special food? \_\_\_\_\_

Does your cat prefer a specific type of treat? \_\_\_\_\_

**HOBBIES/HABITS:**

Has your cat ever been allowed outside?  YES  NO Does your cat usually wear a collar?  YES  NO

Where does your cat like to hide? \_\_\_\_\_

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

Does your cat have any favorite games/toys (balls, string, boxes)? \_\_\_\_\_

Does your cat:

Tear Furniture	YES	NO	?	Play Bite	YES	NO	?
Tear Carpet	YES	NO	?	Eat Houseplants	YES	NO	?
Dump Trash	YES	NO	?	Walk on Leash	YES	NO	?
Scratch People	YES	NO	?	Jump on people	YES	NO	?
Yowl	YES	NO	?	Chew	YES	NO	?
Roam	YES	NO	?				

This cat gets along with (circle applicable): MEN WOMEN CHILDREN DOGS CATS LIVESTOCK CAGED PETS

Has your cat been raised with (circle applicable): CHILDREN (ages: \_\_\_\_\_ ) CATS DOGS OTHER PETS

What areas on your cat's body does he not like to be touched or handled? \_\_\_\_\_

Does your cat have any fears (strangers, thunder, vacuum, baths, people)? \_\_\_\_\_

Does your cat ride well in a car?  YES  NO Does he get car sick?  YES  NO

Is your cat comfortable in a cat carrier?  YES  NO How often is your cat groomed? \_\_\_\_\_

Describe how your cat does when groomed (baths, brushing fur, ears cleaned): \_\_\_\_\_

How does your cat react when visitors come to the home? \_\_\_\_\_

Does your cat dart outdoors if given the opportunity?  YES  NO

Has your cat ever bitten anyone?  YES  NO Please explain. \_\_\_\_\_

Are there are special issues/qualities about this cat we should understand that will help us to place the cat into a new home? \_\_\_\_\_

What type of home would you recommend for your cat? \_\_\_\_\_

Why are you relinquishing your cat? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_