



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 any 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? _____

Cedar Bend Humane Society 1166 West Airline Highway Waterloo, IA 50703 319-232-6887
www.CedarBendHumane.org Follow the fun on Facebook and Twitter!

Adoption Center
Open Tuesday - Sunday 10am - 5pm
Closed Mondays

Animal Intake Services
Open seven days a week
8am to 5pm

Black Hawk Animal Control
Open Monday - Friday
8am - 5pm