

# Cat Profile



Cat's Name \_\_\_\_\_ Cat's Number \_\_\_\_\_

Please complete the following information with your honest answers. This information can be extremely helpful in finding this cat a new home.

<b>1.</b> Are you the cat's original owner? YES NO		
<b>2.</b> How long have you had the cat?		
<b>3.</b> Where did you get the cat? (friend, breeder, pet store, stray, etc.)		
<b>4A.</b> Does the cat have any health problems? YES NO	<b>4B.</b> If YES, please describe:	<b>4C.</b> Has the cat received any treatment(s)?
<b>5.</b> Where did you keep the cat during the day? <input type="checkbox"/> Indoor Only <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor Only <input type="checkbox"/> Barn Only <input type="checkbox"/> Other: _____		
<b>6.</b> Where did you keep the cat during at night? <input type="checkbox"/> Indoor Only <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor Only <input type="checkbox"/> Barn Only <input type="checkbox"/> Other: _____		
<b>7.</b> Where did the cat sleep? <input type="checkbox"/> Cat bed <input type="checkbox"/> Couch/Chair <input type="checkbox"/> Family member's bed <input type="checkbox"/> Anywhere it wants <input type="checkbox"/> Garage <input type="checkbox"/> Outside <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____		
<b>8A.</b> Has the cat ever been outside? YES NO	<b>8B.</b> If YES, when? <input type="checkbox"/> In/Out whenever it wants <input type="checkbox"/> Out during the day <input type="checkbox"/> Out at night <input type="checkbox"/> Lives outside <input type="checkbox"/> Goes out on a leash <input type="checkbox"/> Mostly outside <input type="checkbox"/> Was indoor/outdoor but now only indoor <input type="checkbox"/> Was only outdoor but now only indoor	
<b>9A.</b> Are there children in your household? YES NO	<b>9B.</b> If YES, what ages?	
<b>10.</b> How does the cat get along with children? <input type="checkbox"/> Great <input type="checkbox"/> Okay <input type="checkbox"/> Scratches <input type="checkbox"/> Afraid <input type="checkbox"/> Bites <input type="checkbox"/> Hides <input type="checkbox"/> Other: _____		
<b>11.</b> How does the cat react to strangers? <input type="checkbox"/> Friendly <input type="checkbox"/> Ignores <input type="checkbox"/> Hides <input type="checkbox"/> Hisses <input type="checkbox"/> May bite <input type="checkbox"/> Is aggressive		
<b>12A.</b> Do you have other cats? YES NO	<b>12B.</b> If YES, what sex were they? <input type="checkbox"/> Male(s) <input type="checkbox"/> Female(s) <input type="checkbox"/> Both	<b>12C.</b> How did this cat get along with them? <input type="checkbox"/> Great <input type="checkbox"/> Hisses but ok <input type="checkbox"/> Stalks <input type="checkbox"/> Hates other cats <input type="checkbox"/> Plays rough <input type="checkbox"/> Ignores <input type="checkbox"/> Tolerates <input type="checkbox"/> Afraid <input type="checkbox"/> Other: _____ <input type="checkbox"/> Attacks aggressively <input type="checkbox"/> Other cat dislikes this cat
<b>13A.</b> Do you have dogs? YES NO	<b>13B.</b> If YES, how does this cat get along with them? <input type="checkbox"/> Great <input type="checkbox"/> Hisses but ok <input type="checkbox"/> Afraid <input type="checkbox"/> Hates dogs <input type="checkbox"/> Plays rough <input type="checkbox"/> Ignores <input type="checkbox"/> Tolerates <input type="checkbox"/> Attacks aggressively <input type="checkbox"/> Stalks <input type="checkbox"/> Other: _____	

<b>14A.</b> What breed/mix of dog do you have?	<b>14B.</b> How does your dog react to the cat? <input type="checkbox"/> Fine <input type="checkbox"/> Ignores <input type="checkbox"/> Plays with cat <input type="checkbox"/> Chases the cat <input type="checkbox"/> Would injure cat <input type="checkbox"/> Other: _____
<b>15.</b> What <b>type</b> of food did you feed the cat? <input type="checkbox"/> Dry <input type="checkbox"/> Semi-moist <input type="checkbox"/> Canned <input type="checkbox"/> Mixed dry and canned <input type="checkbox"/> Table scraps only	
<b>16.</b> What <b>brand</b> of food did you feed the cat? (Purina, IAMS, Store brand, etc.)	
<b>17A.</b> Does the cat like treats? YES NO	<b>17B.</b> If YES, what kind?
<b>18.</b> Is the cat afraid of anything in particular? <input type="checkbox"/> Vacuums <input type="checkbox"/> Brooms <input type="checkbox"/> Fireworks <input type="checkbox"/> Rain <input type="checkbox"/> Thunder <input type="checkbox"/> Plastic bags <input type="checkbox"/> Loud noises <input type="checkbox"/> Water <input type="checkbox"/> Other: _____	
<b>19.</b> What are the cat's favorite toys?	
<b>20A.</b> Does the cat play any games or know any tricks? YES NO	<b>20B.</b> If YES, please describe:
<b>21A.</b> Does the cat allow you to pick him/her up? YES NO	<b>21B.</b> If NO, what does the cat do? <input type="checkbox"/> Bites <input type="checkbox"/> Scratches <input type="checkbox"/> Tries to get away
<b>22A.</b> Will the cat allow you to clip his/her nails? YES NO NEVER TRIED	<b>22B.</b> If NO, what does the cat do? <input type="checkbox"/> Bites <input type="checkbox"/> Scratches <input type="checkbox"/> Tries to get away
<b>23.</b> How does the cat react to brushing? <input type="checkbox"/> Enjoys it <input type="checkbox"/> Tolerates it <input type="checkbox"/> Hates it <input type="checkbox"/> Never tried	
<b>24A.</b> Have you ever attempted to bathe the cat? YES NO	<b>24B.</b> If YES, how does the cat react? <input type="checkbox"/> Tolerates it <input type="checkbox"/> Hates it <input type="checkbox"/> Likes it
<b>25A.</b> Is there any body part the cat does not like you to touch? YES NO	<b>25B.</b> If YES, what part of the body? <input type="checkbox"/> Stomach <input type="checkbox"/> Tail <input type="checkbox"/> Back <input type="checkbox"/> Legs <input type="checkbox"/> Head <input type="checkbox"/> Other: _____
<b>26.</b> Is the cat a "lap cat"? YES NO	
<b>27.</b> Does the cat use a scratching post? YES NO DON'T KNOW	
<b>28A.</b> What <b>type</b> of litter did you use? <input type="checkbox"/> Clumping <input type="checkbox"/> Clay <input type="checkbox"/> Crystals <input type="checkbox"/> Scoopable <input type="checkbox"/> Wheat <input type="checkbox"/> Paper <input type="checkbox"/> Pine <input type="checkbox"/> Yesterday's News	<b>28B.</b> What <b>brand</b> of litter did you use?
<b>29.</b> Check the adjectives that best describe this cat? <input type="checkbox"/> Friendly <input type="checkbox"/> Playful <input type="checkbox"/> Affectionate <input type="checkbox"/> Smart <input type="checkbox"/> Calm <input type="checkbox"/> Quiet <input type="checkbox"/> Active <input type="checkbox"/> Shy <input type="checkbox"/> Noisy <input type="checkbox"/> Nervous <input type="checkbox"/> Aggressive	
<b>30.</b> Please give any additional information about the cat:	

<input type="checkbox"/> Male <input type="checkbox"/> Female    Age: _____    Breed: _____    Color: _____
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