



Cat Personality Profile

*Thank you for taking the time to share as much information as you can.
It will help us tremendously in our efforts to find your cat an appropriate new home.*

Name of cat _____ Age _____

(Please circle) Female Male

Spayed/Neutered? Yes No Not Sure

Breed/description _____

How long has this cat lived with you? _____

Where did you obtain this cat? (shelter, stray, etc) _____

Why are you giving up this cat? _____

Is this cat declawed? Yes No If yes, where? Front paws only All four paws

Who is this cat's vet? _____

Is this cat current on vaccinations? Yes No Not Sure

Has this cat tested negative for feline leukemia? Yes No Not Sure

Please describe any medical conditions this cat has, if any _____

LIFESTYLE & HOME LIFE

Where has this cat lived? Indoors Only Outdoors Only Both Other _____

Has this cat lived with children? Yes No If yes, what ages? _____

Where does this cat sleep? _____ Hours/day cat left alone _____

Has this cat lived with other cats? Yes No

If yes, how did it interact with them (circle all that apply)

Played together	Slept near each other	Groomed each other	Peacefully coexisted
Ignored each other	Fought with injuries	Fought w/o injuries	Caused this cat stress

Has this cat lived with dogs? Yes No

If yes, how did it interact with them (circle all that apply)

Slept near each other	Cat played w/dog	Cat rubbed on dog	Ignored each other
Cat avoided	Cat frightened/ran away	Cat fought with injuries	Cat fought w/o injuries

Has this cat lived with other animals? Yes No If yes, what kind? _____

Has this cat ever bitten anyone? Yes No If yes, who? _____

If yes, under what circumstances (circle all that apply)

Being placed in a kennel Being picked up During play Other _____
Being pet Being help At veterinarian

PERSONALITY & BEHAVIORS

How does your cat like to play?

Gently (no teeth/claws) Rough (may play bite) Chase things Pounce on things
Seems uninterested in play Favorite game or toy: _____

Does your cat mind being picked up? Yes No

Does your cat mind being held? Yes No

Does your cat like being petted? Yes No If yes, where? Chin Head Ears Back Stomach

Does your cat mind being groomed? Yes No

How would you describe your cat? (circle all that apply)

Affectionate	Friendly to family	Quiet	Outgoing
Calm	Shy to family	Very active	Extremely shy
Gentle	Friendly to visitors	Couch potato	Escape Artist
Scared/Anxious	Shy to visitors	Lap cat	Unfriendly
Playful	Aloof	Independent	Bites
Talkative	Solitary	Loves to be with people	Scratches

Does your cat show any of the following behaviors?

Scratch furniture	Dig in plants	Hunt/Kill rodents	Use scratching post
Claw curtains	Chew plants	Hunt/Kill birds	Jump on countertop

Does your cat have any particular fears? (Thunder, vacuum, etc) _____

Are there any other distinct habits or personality traits that you would like to share with a potential adopter?



EATING & LITTER BOX HABITS

What does your cat eat? _____

How frequently (or what time(s) of day) does your cat eat? _____

Was a litter box provided inside? Yes No

Where is the litter box kept? _____

What kind of litter do you typically provide? _____

Has your cat ever "sprayed" or marked with urine inside the house? Yes No

Has your cat ever urinated or defecated outside the litter box? Yes No

If yes, please explain _____

How did you try to solve this issue? _____

Has your cat been to the vet to rule out underlying health issues?

If yes, please describe _____

If your cat lived with other cats, was there more than one litter box? Yes No

(OPTIONAL)

Leave your contact information for the cat's new owner to contact you:

