



Incoming Cat Profile

Shelter use only: A: _____

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge:

Signature: _____ Date: _____

Print Name _____ Cat's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Cat and Household Information:

Breed _____ Male _____ Female _____ Age: _____

How long have you had this cat: _____ Is the cat spayed/neutered? Yes _____ No _____

Why are you giving this cat up? _____

This cat has lived with (please circle all that apply):

Children under 10 years old Children over 10 years old Seniors
Adults Males Females Dogs Cats Other animals (please list)

Behavior (please circle all answers that apply):

1. How would you describe your cat:

Lap Loving Social Butterfly Mellow Curious Active Playful Loner

2. What is your cat's activity level: Low Moderate High

3. How vocal is your cat: Not at all Sometimes Very Vocal

4. What does your cat like to scratch on:

Carpet Cardboard Upholstery Wood
Horizontal/Flat Surfaces Vertical/Upright Surfaces Slanted/On an angle

5. Does your cat have any areas he/she doesn't like to be touched:

Back Tail Feet Ears Neck Face Stomach

6. Has your cat ever bitten a person: Yes No Don't know

Please describe the incident : _____

Litterbox Use

1. Number of cats in your home: _____ 2. Number of litterboxes in your home: _____

3. What type of litterbox do you use:

Uncovered Covered Electric Rolling Baby Pool Other: _____

4. Type of litter used:

Clay Scoop-able Crystals/Pearls Sand Newspaper Scented Unscented

Other: _____

5. The litterbox is

→ Scooped: Daily Weekly Monthly When it smells

→ Dumped: Daily Weekly Monthly When it smells

→ Cleaned: Daily Weekly Monthly When it smells

6. Does your cat have accidents in the house? Yes No

7. If yes, where?

Next to the box On the carpet On clothes/bedding In the bathtub/shower

Near doors/windows On tile/wood/concrete Spraying on vertical surfaces

On furniture Other: _____

8. How often are these accidents?

Daily Few times per week Every couple of weeks Once a month

Every couple months Few times per year Once a year Other: _____

Diet & Medical History

1. What type of food does your cat eat?

Canned Food Dry Food Both

3. Does your cat see a veterinarian at least once a year: Yes No

If yes, please list veterinarian: _____

4. Please list any past or present medical conditions your cat has:

5. Please list any medications or special diet your cat is on:

Please share any additional information about your cat:
