



For Shelter Staff Use

Location: EAST NORTH

Collected by: _____ Date: _____

Cat ID: _____

INCOMING CAT PROFILE

The following questionnaire provides us with information about how your cat behaved while living with you. This information will help us find the most suitable situation for your cat. **Your open and honest answers are very necessary and appreciated**, so that we can do careful and successful adoptions.

Cat and Household Information

Cat's Name: _____ Sex: ☐ Male ☐ Female Age: _____

Breed: _____ How long have you had this cat?: _____

Where did you get this cat? ☐ Breeder ☐ Pet Store ☐ Rehomed from Owner ☐ Found as Stray
☐ Litter Born in Home ☐ Shelter/Rescue *which shelter/rescue?* _____

Why are you giving up this cat? _____

Is your cat declawed?: ☐ Yes ☐ No

Where does your cat live?: ☐ Indoor Only ☐ Outdoor Only ☐ Indoor/Outdoor

Who did your cat live with? ☐ Children (Ages: _____) ☐ Adult Males ☐ Adult Females

What other animals and how many did your cat live with?:

☐ No other animals ☐ Dogs (Number: _____) ☐ Cats (Number: _____) ☐ Other: _____

What type of food does your cat eat?: ☐ Dry ☐ Wet ☐ Table Scraps

What brand of food does your cat eat?: _____

Social Behavior

How does your cat usually react when an unfamiliar person enters the house?:

☐ Friendly ☐ Fearful ☐ Hisses ☐ Growls ☐ Swats ☐ Hides ☐ Bites

How long does it take for your cat to warm up to strangers?:

☐ 0-30 minutes ☐ 1-2 hours ☐ 1 Day ☐ Several Days ☐ Does Not Warm Up to Strangers

How does your cat behave in the presence of children?

☐ Calm ☐ Avoidant ☐ Fearful/Hides ☐ Hisses/Swats/Growls ☐ Bites ☐ Never Around Children

How does your cat interact with dogs?:

☐ Never Interacted with Dogs ☐ Friendly/Tolerant ☐ Avoidant/Fearful ☐ Hisses/Swats/Growls ☐ Bites

How does your cat interact with other cats?:

☐ Never Interacted with Cats ☐ Friendly/Tolerant ☐ Avoidant/Fearful ☐ Hisses/Swats/Growls ☐ Bites

Please list any other animals your cat has interacted with and describe the interaction:

Who does your cat tolerate being picked up by?: ☐ Owner ☐ Friends/Family ☐ Strangers ☐ No One

Does your cat seek out petting?: ☐ Yes ☐ Only on their terms ☐ No

How does your cat react to petting?

☐ Purrs ☐ Leans In ☐ Runs Away ☐ Growls ☐ Hisses ☐ Swats ☐ Playful Bites ☐ Aggressive Bites

Are there areas on your cat's body they don't like to be touched?:

☐ Ears ☐ Mouth ☐ Tail ☐ Rear End ☐ Paws/Nails ☐ Can Touch Anywhere ☐ Other: _____

If touched on the above place(s), how does your cat respond?:

☐ Moves Away ☐ Hisses ☐ Swats ☐ Bites ☐ None ☐ Other: _____

How does your cat respond to being put in a carrier?:

☐ Goes in Willingly ☐ Runs Away at the Sight of the Carrier ☐ Struggles but can get in ☐ Bites/Scratches

How would you describe your cat? (Check all that apply) ☐ Lap Cat ☐ Playful ☐ Shy ☐ Scared

☐ Easily Overstimulated ☐ Aggressive ☐ Calm ☐ Talkative ☐ Affectionate ☐ Sassy ☐ Aloof

Has your cat ever...? (Check all that apply)

☐ Escaped From the House ☐ Attacked Another Domesticated Animal Resulting in Injury or Death

☐ Inflicted a Bite to a Person that Broke Skin ☐ Attacked Another Cat Resulting in Injury or Death ☐ None

In-Home Behavior

Does your cat scratch on furniture/carpet or destroy household items: ☐ Yes ☐ No

If yes, please explain: _____

Does your cat use their scratching post?: ☐ Yes ☐ No ☐ Does Not Have One

What type of scratcher(s) do they use?:

☐ Horizontal/Floor ☐ Vertical/Mounted ☐ Standing Post ☐ Other: _____

Does your cat use the litter box?: ☐ Yes ☐ No ☐ Sometimes

What kind of accidents does your cat have? ☐ Urine ☐ Feces ☐ Both ☐ No Accidents

How often are the accidents occurring? ☐ Daily ☐ A few times a week ☐ A few times a month

When did the accidents start?: _____

When was the last accident?: _____

Has your cat seen a veterinarian for the accidents?: ☐ Yes ☐ No

If yes, what was the diagnosis?: _____

Were there any changes in the household around the time the accidents started?: ☐ Yes ☐ No

If yes, please explain: _____

What kind of litter do you use?

☐ Clay Litter/Non-Clumping ☐ Scoopable/Clumping ☐ Paper ☐ Other: _____

What kind of litter boxes do you have? *(Check all that apply)* ☐ Covered ☐ Uncovered ☐ Top Entry
☐ Robot/Electronic ☐ Low-Walls ☐ High-Walls ☐ Other: _____

How many litter boxes do you have?: _____

Where are the litter boxes kept?: _____

How often are the litter boxes scooped? _____

How often are the litter boxes fully cleaned? _____

Has your cat been exposed to any of the following disciplinary actions?:

☐ I Do Not Discipline My Cat ☐ Spray Bottle ☐ Yelling/Scolding ☐ Other: _____

Where does your cat spend most of their day?: ☐ On Furniture, Bed, Couches ☐ In Windowsills

☐ Cat Tree ☐ Under Beds/Furniture ☐ Other: _____

Medical History & Behavior at the Vet

Have you taken your cat to the vet?: ☐ Yes ☐ No *Veterinarian:* _____ *Phone:* _____

Is your cat spayed or neutered?: ☐ Yes ☐ No ☐ Unknown

Has your cat had any additional surgeries?: ☐ Yes ☐ No

How does your cat behave during vet visits?:

☐ Calm ☐ Affiliative ☐ Frozen/Shut Down ☐ Hides/Attempts to Escape ☐ Hisses/Swats/Growls ☐ Bites

Does your cat have to be muzzled/sedated at the vet?: ☐ Muzzled ☐ Fully Sedated ☐ Medicated
☐ Does Not Need Muzzle/Sedation/Medication

Does your cat have any known allergies?: ☐ Yes ☐ No

If yes, what are they allergic to?: _____

If yes, what symptoms do they show?: _____

If yes, have they been seen by a veterinarian for these allergies?: ☐ Yes ☐ No

What specific diet or medications is your cat currently on?: _____

Is there anything else we should know about your cat's medical history?: _____

Is there any other information you would like to share about your cat?: _____

For Shelter Staff Use

Cat ID Number: _____

Admission Incoming Behavior

Staff Initials: _____

Friendly/Acceptable Behaviors

☐ Approaches staff in a friendly manner	☐ Solicits attention & petting
☐ Politely sniffs & disengages	☐ Sniffs or eats treats
☐ Cat allowed microchip scan	☐ Able to pick up
☐ Able to place cat in carrier easily	☐ Purrs or “makes bread”

Hyperactive Behaviors

☐ Squirmly when picked up but allows	☐ Difficult to place in carrier but allows
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Anxious Nervous Behaviors

☐ Ears Back/Pinned	☐ Hiding in the back of the carrier
☐ Tail Flicking/Twitching	☐ Trying to look small
☐ Crying/Meowing Excessively	☐ Urinating/Defecating in carrier
☐ Pawing/scratching at carrier	☐ Dilated/Big pupils “dinner plates”
☐ Runs frantically around office	☐ Tries to escape – throws itself at doors/windows

Aggressive Behaviors

☐ Growling	☐ Hissing
☐ Spitting	☐ Swatting/attempting to scratch
☐ Cannot be picked up	☐ Did not allow microchip scan
☐ Reactivity (circle one) ☐ Dogs ☐ Cats ☐ People	☐ Cannot be touched
	☐ Attempting to Bite

Admissions Staff Notes: _____

Fast Track: ☐ Yes ☐ No

Evaluate for: ☐ Star ☐ Circle

Recommend 72 Hour Decompression: ☐ Yes ☐ No