



Piina Animal Care Center

Collected by: \_\_\_\_\_

Animal ID: \_\_\_\_\_

Date: \_\_\_\_\_

## Incoming Cat Profile

The following questionnaire provides us with information about how your cat behaved in many different circumstances while he or she was living with you. Because your cat is likely to behave in similar ways in his new home, this information will help us find the most suitable home for your cat and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

### Cat and Household Information

1. Cat's name \_\_\_\_\_ 2. Gender  Male  Female 3. Age years \_\_\_\_\_ Months \_\_\_\_\_

4. Breed \_\_\_\_\_ 5. How long have you had this cat? years \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_

6. Is this cat spayed or neutered?  yes  no If yes, when and where? \_\_\_\_\_

7. Please list your current veterinarian's name, address and phone:

\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_

8. Your relationship to cat?

Owner  Friend/caretaker  Foster owner  Other \_\_\_\_\_

9. Where did you get this cat?

This shelter  Friend/relative  Newspaper/web site  Found/Stray  Breeder  Pet Store

Other shelter/rescue group (please write name) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

10. Why are you giving up this cat? \_\_\_\_\_

11. What other animals did your cat live with?

No other animals  Cats  Cats  Other (please describe) \_\_\_\_\_

## Typical Behavior

(Your cats *usual* behavior)

12. How does your cat *usually* behave toward the following? Please check the boxes.

	Never Encounter	Friendly	Initiates play	Shy	Fearful	Swats	None of these
<b>People your cat knows</b>							
Men							
Women							
Children							
<b>Unfamiliar people</b>							
Men							
Women							
Children							
<b>Animals your cat knows</b>							
Cats							
Cats							
<b>Unfamiliar animals</b>							
Cats							
Cats							

13. Is your cat litterbox trained?  yes  no  cat door  Cat is not allowed inside  
 If no, how many accidents per day? \_\_\_\_\_

14. Where does your cat spend most of his/her time?

- Inside the house, runs free  Outside the house, runs free in neighborhood  Outside the house, in a cage  
 Other (please describe) \_\_\_\_\_

15. How long is your cat left alone, without people, during the week?

- Never  1-3 hours  4-8 hours  9-12 hours  over 12 hours

16. When your cat is left alone, is he/she.....

- Outdoors  Free in home  Confined to a room  
 Other (please describe) \_\_\_\_\_

17. When left alone, does your cat usually show any of the following behaviors? Check all that apply

- Couch Potato  Quiet  Self entertains  Destroy household items  Urinate/defecate  Cry  None of these

18. When you are home, does your cat usually show any of the following behaviors? Check all that apply

- Independent  Always at your side  Couch Potato  Affectionate  Playful  Destroy household items  Urinate/defecate  Cry  None of these

19. What toys does your cat like?

- Plush  Squeaky  String  None  Don't know  Other \_\_\_\_\_

20. Is your cat scared of anything?

Yes (please describe) \_\_\_\_\_

No

21. Please tell us your cat's habits (example-chases tail)

\_\_\_\_\_

22. Is your cat allowed on the furniture?  yes  no

23. Where does your cat usually sleep overnight?

Floor  Cat bed  Couch  Owners bed  Other (please describe) \_\_\_\_\_

24. Has your cat ever been walked on a leash?  Yes  No

25. Does your cat have problems riding in the car?  Yes (please describe) \_\_\_\_\_

No  Don't know

26. Does your cat have any past or present medical conditions?

Yes (please describe) \_\_\_\_\_

No

27. Is your cat currently on any medication or on a special diet?

Yes (please describe) \_\_\_\_\_

No

28. What type of food does your cat eat?

Dry  Wet/Canned  Table scraps  Brand of food \_\_\_\_\_

29. Any additional information or helpful comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Has your cat ever bitten any person to the point of breaking the skin?  Yes  No  Don't know

!! STAFF ONLY !!						
Men		Women		Children		
Y	N	Y	N	Y	N	
						Was the aggressive behavior over food?
						Was it over chews or toys?
						Was it over stolen objects (food, bed, toy, person)?
						Was it when the cat was disturbed while sleeping or resting?
						Was it when an adult or child handles the cat (brushing, handling feet, bathing, pinching, squeezing)?
						Was it when an adult or child entered the house or yard?
						Was it when an adult or child approached or reached cat?