



Naperville Area Humane Society

*A better home. A better life. A better future.*

## **Incoming Feline Personality Profile**

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

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Cat's Name: \_\_\_\_\_

Relationship to Cat: \_\_\_\_\_

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



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## Incoming Feline Personality Profile

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

### Cat and Household Information

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

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

6. Is the cat spayed/neutered?  Yes  No

7. Is the cat declawed?  Yes, front only  Yes, all four paws  No

8. Where did you get this cat?

This shelter  Friend/relative  Newspaper/website  Found stray  Breeder  Pet store

Other shelter/rescue (which one) \_\_\_\_\_

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

9. Why are you surrendering this cat? \_\_\_\_\_

10. Including yourself, how many people of the following ages live in your house?

| Age Range (years) | Female | Male |
|-------------------|--------|------|
| 0-3               |        |      |
| 4-9               |        |      |
| 10-17             |        |      |
| 18-29             |        |      |
| 30-59             |        |      |
| 60 +              |        |      |

11. How would you describe your household?

Active (many guests, parties, children, etc.)  Noisy (loud voices, many voices, loud music/TV, etc.)

Quiet (not many visitors or occupants, family home often)

12. Which word(s) are used to best describe this cat's personality? (check all that apply):

Playful  Rambunctious  Affectionate  Talkative  Couch Potato  Shy  Mellow

Outgoing  Gentle  Cuddly  Friendly  Other: \_\_\_\_\_

**13. What other animals has this cat lived with?**

- No other animals in the household  
  Cats, male  
  Cats, female  
  Dogs  
 Other \_\_\_\_\_

**Typical Behavior** (your cat's *usual* behavior)

**14. How does your cat usually behave toward the following?** (check all that apply)

|                        | Never Encounter | Friendly/ Playful | Afraid/Shy | Bites | None of these |
|------------------------|-----------------|-------------------|------------|-------|---------------|
| People your cat knows  |                 |                   |            |       |               |
| Men                    |                 |                   |            |       |               |
| Women                  |                 |                   |            |       |               |
| Children               |                 |                   |            |       |               |
| Unfamiliar people      |                 |                   |            |       |               |
| Men                    |                 |                   |            |       |               |
| Women                  |                 |                   |            |       |               |
| Children               |                 |                   |            |       |               |
| Animals your cat knows |                 |                   |            |       |               |
| Dogs                   |                 |                   |            |       |               |
| Cats                   |                 |                   |            |       |               |
| Unfamiliar animals     |                 |                   |            |       |               |
| Dogs                   |                 |                   |            |       |               |
| Cats                   |                 |                   |            |       |               |

**15. How does your cat usually react when you or another family member does the following to him/her?** (check all that apply)

|                | Never tried | Enjoys | Allows | Afraid | Bites | None of these |
|----------------|-------------|--------|--------|--------|-------|---------------|
| Pick up/ carry |             |        |        |        |       |               |
| Brush          |             |        |        |        |       |               |
| Bathe          |             |        |        |        |       |               |
| Wipe feet      |             |        |        |        |       |               |
| Trim nails     |             |        |        |        |       |               |

**16. Does your cat use the litter box 100 percent of the time?**

- Yes  
  No

**17. If No to the previous question, please complete the following:**

**How often does your cat have accidents in the house:**  Once a day  Once a week  All the time

Please explain \_\_\_\_\_

**Does the cat:**  Urinate outside the box  Defecate outside the box  Both

**Please describe the accidents:**

Urinates/defecates right outside the box (please circle whether urine or feces)

Urinates/defecates on furniture

Urinates/defecates on clothing

Urinates/defecates anyplace

Other: \_\_\_\_\_

**How many litter boxes are available to your cat?**  1  2  3  4  5  More than 5

**If you have multiple boxes, are they:**

Dispersed throughout the home  All in same room

**In which room(s) are the litter boxes kept?** \_\_\_\_\_

**Are the litter boxes:**

Covered (hooded)  Uncovered

**Do you use liners in the litter boxes?**  Yes  No

**How often are the litter boxes scooped free of urine and feces?**  Once daily  Twice daily

More than twice daily  Less than once daily

**How often are the litter boxes thoroughly sanitized?**  Once weekly  Once monthly

Every few months  Less than every few months  Never

**What type of litter do you use?**  Clumping  Clay

**What have you done to try to correct the problem?** \_\_\_\_\_

\_\_\_\_\_

**How long has the problem been occurring?** \_\_\_\_\_

**Can you pinpoint an event(s) that might have triggered the problem?**

Move

New person in home

New pet: What kind? \_\_\_\_\_

Fighting with other cat(s) in home

Changed litter or litter box

Changed location of litter box

Recently had cat declawed

Other: \_\_\_\_\_

**Has the cat been checked to rule out medical problems? (Have a urinalysis and blood work been done?)**

Yes  No If Yes, please name the animal hospital \_\_\_\_\_

**18. Has your cat ever sprayed in the house?**  Yes  No

If Yes, please explain \_\_\_\_\_

**19. Is your cat allowed outside?**  Yes  No If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

**20. How long is your cat left home alone, without people, during the day?**

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

**21. When your cat plays does he/she typically:** (check all that apply)

Jumps (on humans)  Scratches (humans)  Bites lightly  Bites hard  None of these

**22. What toys does your cat like?** (check all that apply)

Balls  Feather  Toy mice  Catnip  None  Other \_\_\_\_\_

**23. What games/activities does your cat like?**

\_\_\_\_\_

**24. Is your cat scared of ...** (check all that apply)

Thunder  Fireworks  Vacuum cleaner  Brooms  Hands  Water

Other \_\_\_\_\_

**25. Does your cat use a scratching post?**  Yes  No

**26. Does your cat scratch the furniture?**  Yes  No

**27. Where on the body does your cat like to be petted?** \_\_\_\_\_

**28. Does your cat have any behavioral quirks that a new family should be aware of?**  Yes  No

If Yes, please explain \_\_\_\_\_

**29. How does your cat react when being put into a carrier for travel?**

Little or no struggle  Moderate struggle  Struggles fiercely

Please explain briefly \_\_\_\_\_

**30. Where does your cat usually sleep overnight?**

Owner's bed  Free in home  Other \_\_\_\_\_

**31. Does your cat respond to his/her name?**  Yes  No

**32. Does your cat have problems riding in the car?**

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

No

**33. Has your cat escaped from your home/property two or more times in the last six months?**

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

No

**Aggressive Behavior** (behavior that has *ever* happened)

**34. Is there any report of your cat ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?**

- Yes  No  Don't know

**Medical History**

**35. Is your cat up to date on vaccinations?**  Yes  No

**36. Please specify the name of the veterinary clinic/hospital where you take your cat:**

\_\_\_\_\_

**37. Has your cat ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer? (check all that apply)**

|  | Never had this done | Growls | Bites | None of these | Do not know |
|--|---------------------|--------|-------|---------------|-------------|
| Examine (including heart, teeth, and ears) |                     |        |       |               |             |
| Restrain                                   |                     |        |       |               |             |
| Administer vaccinations                    |                     |        |       |               |             |
| Trim nails                                 |                     |        |       |               |             |
| Draw blood                                 |                     |        |       |               |             |

**38. Does your cat need to be muzzled while at the veterinarian?**  Yes  No

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

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

No

**40. Is your cat currently on medication or a special diet?**

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

No

**41. What type & brand of food does your cat eat? (check all that apply)**

Dry  Wet/canned  Table scraps  What brand(s) \_\_\_\_\_

**42. What time of day is your cat fed?**  A.M.  P.M.  Both a.m. and p.m.  Food left out all day

**Please feel free to provide any additional helpful comments/information:**

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