



## Feline Personality Profile

### Office Use only:

Animal Number: \_\_\_\_\_  
Bite Hx: \_\_\_\_\_ LBP: \_\_\_\_\_ Sp. Diet: \_\_\_\_\_  
Reviewed by (initials): \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_

How long have you owned the cat? \_\_\_\_\_

Surrender Reason: \_\_\_\_\_

### 1. Origin

- a. Where did you get the cat? \_\_\_\_\_
- b. Is the cat microchipped?  Yes  No  Unknown
  - i. If yes, is the microchip registered to you?  Yes  No
  - ii. If not registered to you, who is it registered to?  
\_\_\_\_\_

### 2. Litterbox habits

- a. Has the cat ever urinated/defecated outside of the litterbox?  Yes  No
  - **If yes, please fill out an Inappropriate Elimination Profile**
- b. Is the litter box:  Covered  Uncovered
- c. Is the cat particular about litter?  Yes  No
- d. What type of litter did you use?  Clay  Clumping  Paper  Other: \_\_\_\_\_

### 3. Biting/Scratching/Rough Behavior

- a. Has the cat bitten, scratch or exhibited rough behaviors?  Yes  No
  - **If yes fill out aggression profile**
- a. Has your cat ever bitten someone and broken skin?  Yes  No
- b. If you answered "Yes", did the bite happen within the past 10 days?  Yes  No

If applicable, explain the circumstances surrounding the rough behaviors/bite:

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### 4. Home Set up

- a. Did the cat have access to a scratching post?  Yes  No
  - i. If you answered "Yes", did the cat use it?
  - ii. What type of scratching post did you use? \_\_\_\_\_
- b. Was the cat allowed outdoors?  Yes  No
  - i. If you answered "Yes", did you use a harness and leash?  Yes  No
- c. What brand of cat food was the cat eating? \_\_\_\_\_

### 5. Personality

- a. What does this cat enjoy?
  - Petting  Sitting on a lap  Eating
  - Looking out a window  Being carried/picked up  Being brushed
  - Playing with toys
  - Other: \_\_\_\_\_

**b. What does this cat dislike?**

- Petting
- Children
- Other: \_\_\_\_\_
- Being brushed
- Being carried/picked up
- New People
- Loud noises

**c. Has the cat interacted with the following in your home? If so please describe the interaction(s):**

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

Dogs: \_\_\_\_\_

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

Children: \_\_\_\_\_

Unfamiliar adults: \_\_\_\_\_

**d. How would you describe the cat's behavior?**

- Friendly to family
- Shy to visitors
- Lazy
- Affectionate
- Solitary
- Friendly to visitors
- Very active
- Goofy
- Independent
- Other: \_\_\_\_\_
- Shy to family
- Quiet
- Withdrawn
- Lap cat

**e. Does the cat do any of the following?**

- Jump on counters
- Scratch furniture
- Chew plants
- Vocalize too much
- Other: \_\_\_\_\_

**6. Veterinarian**

a. What is the name of the cat's veterinarian or clinic? \_\_\_\_\_

b. Is there anything we should know about the cat's medical history?  Yes  No

i. If you answered "Yes", please explain:

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

**7. Additional information**

a. Are there any wonderful, special traits or habits you would like his/her new family to know about?

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