

ANIMAL  
RESCUE  
LEAGUE  
of BOSTON



*Helping animals since 1899.*

Animal Rescue League of Boston

## **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 to 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 conduct 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: \_\_\_\_\_

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

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**INCOMING CAT PROFILE**  
Please fill this out so we can find the best home for your cat!

Date \_\_\_\_\_ Relationship to cat \_\_\_\_\_

**Part 1: Household History**

1) Cat's name: \_\_\_\_\_ How old is your cat? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

How long have you had your cat? \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

2) Why are you giving up this cat? \_\_\_\_\_

**What would have to happen for you to keep this cat?** \_\_\_\_\_

3) Where did you acquire your cat?  Animal Rescue League  Other Animal Shelter  Friend/Relative  
 Newspaper  Found/Stray  Breeder  Pet Store  Gift  Own Litter  Other \_\_\_\_\_

4) Please describe your household:  Quiet  Active  Noisy

5) Please list the AGES of household members your cat has lived with:

Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_

*How did your cat react to the men in the household?*

Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches  Bites  No men in household

*How did your cat react to the women in the household?*

Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches  Bites  No women in household

*How did your cat react to the children in the household?*

Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches  Bites  No children in household

6) What other animals did your cat live with?  No other animals in household

Dogs # \_\_\_\_\_ Breed \_\_\_\_\_  Cats #males \_\_\_\_\_ #females \_\_\_\_\_  Other \_\_\_\_\_

*How did your cat get along with the cats in your household?*  Friendly  Playful  Tolerant  Afraid  Ignores

Hisses  Growls  Swats

How did your cat get along with cats outside of your household?  Friendly  Playful  Tolerant  Afraid  Ignores

Hisses  Growls  Swats  Never sees cats outside of the household

*How did your cat get along with the dogs in your household?*  Friendly  Playful  Tolerant  Afraid  Ignores

Hisses  Growls  Scratches

**Part 2: Cat's Litterbox History**

1) Do you provide your cat with a litterbox?  Yes  No How many? \_\_\_\_\_ Is it covered?  Yes  No

*Do you use liners?*  Yes  No

*How often is it scooped?* \_\_\_\_\_ *Changed completely?* \_\_\_\_\_

*Where are the litterboxes located?* \_\_\_\_\_

2) What type of litter do you provide?  Clay  Clumpable  Crystals  Other \_\_\_\_\_

3) Does your cat have accidents in the house?  Yes  No If NO, skip to Part 3.

If YES,

Does your cat  Urinate  Defecate  Both

Have you noticed your cat having difficulty urinating or having blood in the urine?  Yes  No

Have you taken your cat to your veterinarian for your cat's housesoiling problem?  Yes  No

How long has your cat had this problem? \_\_\_\_\_

How often does your cat have accidents?  Daily  One or more times weekly  One or more times a month

Occasionally

Please describe the accidents:  Urinates/defecates right outside the box (please circle whether urine or feces)

Urinates/defecates anywhere

Urinates/defecates In bathtub

Urinates/defecates on furniture

Urinates/defecates on clothing

Sprays (urinates) on walls and furniture

Other \_\_\_\_\_

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

Move

New person in home

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

Fighting with household cat

Changed litter or litterbox (including changed covers)

Changed location of litterbox

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

Please describe any measures you have taken to correct this problem: \_\_\_\_\_

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### **Part 3: Cat's Behavior History**

1) How many hours of the day is your cat: Indoors: \_\_\_\_\_ (hrs/day) Outdoors: \_\_\_\_\_ (hrs/day)

*If outdoors, is your cat:*  Allowed to Roam  Supervised  Harnessed  Screened Room/Porch

2) How long is your cat left alone, without people?  Never  1-3 Hrs  4-8 Hrs  9-12 Hrs  Over 12 Hrs

When alone is your cat  Free in the house  Confined to a room  Outside

3) Does your cat like to be held?  Yes  Tolerates  No, Struggles  No, Scratches or Bites

4) Does your cat like to be petted?  Yes  Tolerates  No, Struggles  No, Scratches or Bites

5) Is your cat a lap cat?  Yes, often  Yes, on occasion  Rarely  Never

6) Where does your cat NOT like to be touched:  Ears  Paws  Tail  Stomach  Other \_\_\_\_\_

*If touched in the above place(s), how does your cat respond?*  Does nothing  Moves away  Growl  Hiss

Swat  Scratches  Bites  Other \_\_\_\_\_

7) How does your cat play?  Gentle  Somewhat rough  Very rough  Doesn't play

If your cats plays with people, *does he/she:*  Grab with claws  Scratch  Bites lightly  Bites hard

*What toys does your cat like?*  None  Balls  Catnip  String  Fuzzy Mice

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

8) How does your cat respond to visitors?  Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches

Bites

9) How does your cat respond to children?  Friendly  Playful  Afraid  Ignores  Hisses/growls  Scratches

Bites  Never sees children

- 10) Is your cat frightened of anything?  Thunder  Loud noises  Vacuum  Dogs  Cats  Men  
 Women  Children  Strangers  Other: \_\_\_\_\_
- 11) Please tell us about your cats "bad habits":  Scratches furniture  Scratches rugs  Door Dashes  
 Chews/Digs in plants  Jumps on counters  Knocks things off shelves  Vocal  Hunts  Other \_\_\_\_\_
- 12) If you could change one of your cats "bad habits" what would it be? \_\_\_\_\_
- 13) Has your cat ever bitten a person?  Yes  No Did the person require medical care?  Yes  No  
If yes, please explain: \_\_\_\_\_
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**14) Has your cat ever scratched a person?**  Yes  No

15) Have you ever provided a scratching post for your cat?  Yes  No If yes, what kind?  Carpet  Rope

Cardboard Where was the post? \_\_\_\_\_

Did the cat use the post?  Yes  No

16) Is your cat allowed on:  Counters  Furniture  Bed  Table  Shelves

17) Where does your cat sleep at night? \_\_\_\_\_

18) Is your cat accustomed to:  Bathing  Brushing  Nail trimming  Teeth cleaning  Medicating

19) How does your cat behave in the car?  Cries  Vomits  Tries to escape  Urinate/Defecate  Does nothing

#### **Part 4: Cat's Medical History**

1) Did your cat see a veterinarian on a regular basis?  Yes  No

*If yes, what is your vet hospital's name?* \_\_\_\_\_

*How did your cat behave at the veterinarian?*  Friendly  Tolerant  Afraid  Hisses  Swats/Bites

2) Does your cat have any past or present medical conditions?  Yes  No

*If yes, what are they?* \_\_\_\_\_

3) Is your cat currently on any medications or special diets? \_\_\_\_\_

4) Is your cat spayed or neutered?  Yes  No If yes, at what age? \_\_\_\_\_

Declawed?  Yes  No If yes,  Front feet only  All four feet

5) What type of food does your cat eat?  Dry  Wet/Canned  Mixed What brand? \_\_\_\_\_

*Does your cat get table scraps?*  Yes  No *Does your cat get treats?*  Yes  No

#### **Part 5: Additional Information**

This cat is best described by the following words:  Playful  Rambunctious  Affectionate  Talkative

Couch Potato  Destructive

This cat would do well in a home with the following:

**Kids:**  Of any age  Ages 5 and over  Ages 9 and over  Ages 14 and over  No kids at all

**Other Animals:**  With both cats and dogs  With cats only  With dogs only  With no dogs

With no cats  With no other animals at all  Other \_\_\_\_\_

**Visitors:**  Many visitors  Few visitors  No visitors

**Someone home:**  All day  Most of the day  In the mornings and evenings

**Part 6: Please feel free to tell us any additional helpful information**

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