



Incoming Feline Profile



The Basics

Cat's Name: _____ Age: _____ Declawed: Yes No
 Sex: Male Female Fixed
 How long has this cat lived with you? _____
 Why can you no longer keep your cat? _____
 What do you know about this cat's life before living with you? _____
 Where did you get the cat from? _____
 Dakin Humane Society Other Shelter Breeder Pet Store Gift
 Friend/Relative Newspaper Found/Stray Born at Home Other

The Great Outdoors

Where does this cat live? Indoors only Indoors/Outdoors Outdoors only
 If indoor/outdoor, when was the cat allowed outdoors? _____
 When outdoors, was this cat: Allowed to roam Always Supervised Harnessed/Leashed
 If outdoors did this cat hunt? _____ If indoors did this cat try to escape? Yes No
 If outdoors did this cat ever fight with other cats or any other animal? Yes No If yes, what type of animal? _____

Social Skills

Cat has lived with: Women Men Older children (Ages____) Younger children (Ages____) Seniors Loves all people
 If cat lived with children:
 Cat actively avoided child Child could pet cat Mutual adoration
 Ignored each other Cat & child played together
 Cat hissed or growled at child Other

How would you describe your cat most of the time? (check all that apply)

- Friendly to family Talkative Fearful
- Shy to family Quiet Fearless
- Friendly to visitors Playful A clown
- Shy to visitors Independent More like a dog
- Very active Lap cat One person cat
- Couch potato Affectionate

How does your cat react to visitors?

- Retreats/Hides Greets Immediately Hides, but will come out after _____ (minutes/hours)
- How would you describe your household? Grand Central Station Some Activity Quiet & Serene

If this cat has lived with **dogs**, how did they interact? (check all that apply) **Not applicable**

- What type of dog? _____
- Adored each other Played together Sniffed noses Groomed each other
 - Slept near each other Ignored each other Cat feared dog Fought with injuries
 - Fought without injuries Dog chased cat Caused dog stress
 - Cat rubbed on dog Cat tormented dog Avoided each other
 - Peacefully coexisted Other (please explain) _____

If this cat has lived with other **cats**, how did they interact? (check all that apply) **Not applicable**

- Adored each other Played together Sniffed noses Groomed each other
- Slept near each other Ignored each other Rough with others Fought with injuries
- Fought without injuries Gentle with others Caused this cat stress Caused other cat stress
- Peacefully coexisted Other (please explain) _____

Is your cat overly active at night? Yes No

If yes, what is your cat doing at night?: _____

Has this cat ever **bitten** anyone before? Yes No If yes please explain what happened and when it occurred:-

Has this cat ever **scratched** anyone before? Yes No If yes please explain what happened and when it occurred:-

What causes this cat to **growl** or **hiss**? _____
When does this occur? _____

How does your cat like to play? (check all that apply)

- Likes to play rough, may bite or scratch
- Likes to chase & pounce with variety of toys
- Likes things that crackle, such as paper bags
- Will fetch items like bottle caps or toys
- Chases bugs or moths

- Plays gently, does not usually use teeth or claws
- Likes to play in or around water
- Likes to learn tricks for treats
- Likes to play with other cats
- Likes to play with dogs
- Not interested in play

Does this cat have any favorite toys? _____ Does this cat like catnip? Yes No

Where does this cat *like* to be petted? _____

Where does this cat *dislike* being petted? _____ How does the cat react? _____

Does this like being picked up? Yes No How does the cat react? _____

Litterbox Habits

Where does your cat Urinate (pee) and Defecate (poop): Litterbox Outside

What type of litterbox do you have? Covered Uncovered Other _____

What type of litter do you use? Clumping Clay Other _____

Where in your home is the litterbox(es) located? _____

How often do you clean the litterbox? Daily Every few days Once a week Other _____

Does your cat ever have an accident (pee or poop) *outside* the litterbox? Yes No **(if no, skip to Health & Behavior)**
(If yes, Housesoiling Profile required)

Health & Behavior

Do you have a veterinarian for this cat? Yes No Last Visit?: _____ Name of Vet: _____

How does the cat react to being at the vet's office? _____

Is this cat frightened of anyone or anything? Please describe: _____

Does this cat have any *habits* or *behaviors* the new adopter should be aware of? Yes No

If yes, please describe: _____

Does this cat jump on the counters/tables? Yes No

What have you done to correct this habit? _____

Does this cat have any old injuries or other health problems? Yes No

If yes, please describe: _____

Is this cat currently on any medications or special diets? Yes No

If yes, please describe: _____

What type of food does this cat eat? Dry Moist Canned What brand? _____

When is this cat fed? AM PM Free access to food

Does this cat like treats? Yes No

What is this cat's best quality? _____

I authorize the release of my pet's medical records to Dakin Humane Society _____

(signature)

STAFF USE ONLY - PLEASE INITIAL EACH ITEM

____ YOU CAREFULLY READ THE PROFILE

____ YOU ENTERED BEHAVIOR NOTES IN PET POINT

____ IF HOUSE SOILING PROFILE, NOTES ENTERED IN PET POINT

____ IF CALL BEFORE, ENTERED IN PET POINT

____ IF ADOPTION RETURN, BEHAVIOR NOTES IN PET POINT