



CAT PROFILE

Help us get to know your pet so we can find him or her the best home possible!

Cat's Name: _____ Breed: _____

Age: _____ Gender: Male Female Spayed/Neutered: Yes No

How long has this cat been in your care? _____

Veterinary Office Where Your Cat Receives Care:

Address of Office: _____

Veterinary Office Telephone Number: (____) ____ - ____

Name of Veterinarian: _____

Last date he/she was seen by a Veterinarian? ____ / ____ / ____

Reason seen by Vet? _____

Please list any past or present health problems or medical conditions:

What brand and type of food do you feed your cat?

Is your cat litter box trained? Yes No Does he/she ever have accidents? Yes No

Does your cat try to escape from carriers, enclosures, or other confined areas? Yes No

How does your cat react to bathing or handling, such as petting and hugging?

Does your cat like to play? Yes No

Please tell us what their favorite toys or games are:

Does your cat get along well with children? Yes No Unsure



What is your cat's reaction to children?

Does your cat live with other cats? Yes No

How does your cat react to other cats?

Does your cat live with dogs? Yes No

How does your cat react to dogs?

Please select any behavior problems your cat displays:

- Scratching Furniture
- Excessive Meowing
- Biting or Clawing
- Overgrooming
- Litter Box Issues
- Resource Guarding
- Other? _____

How does your cat react to strangers?

Describe your cat's personality! Does your pet have any funny habits or quirks that always make you laugh?

Does your pet have a favorite spot in the house where they like to relax or sleep?

What's your pet's favorite treat, and how do they react when they know they're getting it?



Is there anything you know your pet is afraid of?

What else would you like us to know about your pet?

Signature: _____

Date: _____