



Cat Personality Profile

Please take a few moments to complete **both** sides of this form as thoroughly as possible. This information will be used to help match your pet with a new family, and help make the transition into a new home as smooth as possible. Please be honest with your answers, what may be a problem for you, may not be for another family.

Pet's Name:		Gender: Female Male	
Age: ____ Years & ____ Months		Has your cat been: Spayed Neutered	
Has your cat bitten any person or other animal? Yes No When? If yes please explain:			
Your Reason for surrendering your cat today:			
How long have owned your cat?		Where did you get him/her?	
Has your cat had any surgeries besides spay/neuter or declaw? Yes No If yes please explain:			
Does your cat have any health problems? If yes please explain:		Past or Present Injuries? Yes No If yes please explain:	
Is your cat current on vaccines? Yes No		Is your cat declawed? Yes No If Yes, Front All Fours	
Veterinarian's Name:		Approximate date of last visit:	
Is your cat litter trained? Yes No Partial Please explain Partial:		Type of Litter Box? Open Closed	
Does your cat have access to a litter box? Yes No		What type of Litter? Clay Scoop-able Crystal Pine Paper	
Where does your cat spend its days: Inside Outside Both		Where does your cat spend its nights: Inside Outside Both	
Where does your cat sleep? Owner's bed Child's Bed His own bed Anywhere in the house Screen-room Outside Other: _____			
Do you consider your cat: (check all that apply) Lap cat High Energy Medium Energy Couch Potato Playful Quiet Talkative Sun-tanner			
What type of food are you feeding your cat? Dry Wet Both Brand? _____			
Certain Times to feed? ____ AM ____ PM Free Feed			
Type of Treats?		Table Scraps? Yes No	

Cedar Rapids Animal Control
 900 76th Avenue Drive SW
 Cedar Rapids, IA 52404
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Are there any other animals that live and interact with your cat? Yes No	
What type? Cats Dogs Birds Other	
Circle those which best describe your cat: Friendly Shy Active Solitary Playful Lap Cat Aggressive Talkative Curtain Climber Affectionate Finicky Alert	
Circle any fears your cat has: Thunder Men / Women Vacuum Strangers Dogs Car Rides Children Other _____	
Does your cat claw at furniture: Yes No	Does your cat have access to a scratching post? Yes No
How is your cat with VISITORS? Friendly Hides Shy Aggressive Doesn't Care	
Has your cat been around CHILDREN? Yes No If YES, what ages? _____	
What reaction does your cat have around them? Playful Nervous Hides Aggressive	
My cat is most comfortable around: Women Men Young Children Teenagers Seniors	
Has your cat interacted with DOGS? Yes No If Yes, what is your cat's reaction? Playful Chases them Afraid and Hides Doesn't Care Aggressive Other _____	
Has your cat interacted with other CATS? Yes No If Yes, what age? 0-2yrs. 2-5yrs Older What Gender? Male Female	
What is your cat's reaction? OK w/ all ages OK w/ both genders OK w/ Females only OK w/ Males Only OK w/Young OK w/ Middle Age OK w/Older	
Does your cat like to play with TOYS? Yes No If Yes, what is its favorite type of toy? _____	
Does your cat: Like to be held? Yes No	Jump on counters? Yes No
Try to run out the door? Yes No	Chew or dig in plants? Yes No
What is your cat's reaction to having its nails clipped? Never Tried No Problem Will bite Squirms a lot, but not aggressive Takes 2 people	
What else would you like to tell us about your cat?	