

ANIMAL
RESCUE
LEAGUE
of BOSTON



Helping animals since 1899.

Animal Rescue League of Boston

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.

2) How long have you had your cat? _____ yrs. _____ mos.

3) Why are you giving up this cat? _____

4) What would have to happen for you to keep this cat? _____

5) Where did you get your cat? Animal Rescue League Other Animal Shelter Friend/Relative Own Litter

Newspaper/Craigslist Found/Stray Breeder Pet Store Gift Other _____

6) Please describe your household: Quiet Active Noisy

7) Including yourself, how many people of the following ages live in your house? Please fill in the boxes:

Age Range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

8) What other animals has your cat lived with?

None

Dogs # _____ Breed _____

Cats #males _____ #females _____

Other _____

9) How does your cat *usually* behave toward the following? Please check all boxes that apply.

	Friendly	Playful	Runs/ Hides	Ignores	Hisses/ Growls	Swats/ Scratches	Bites	N/A
People your cat lives with:								
Men								
Women								
Children								
Visitors:								
Men								
Women								
Children								
Animals your cat knows:								
Dogs								
Cats								
Animals your cat doesn't know:								
Dogs								
Cats								

Part 2: Cat's Litterbox History

1) Do you provide your cat with a litterbox? Yes No

How many? _____

Do you use liners? Yes No

How often is it scooped? _____ Changed completely? _____

2) What type of litter box? Uncovered Covered Automatic (self-cleaning) Top Entry

Other(explain) _____

3) What type of litter? Clay Clumping Crystals Corn/wheat Other _____

4) *Does your cat have accidents in the house? Yes No

If YES, please fill out the House Soiling Questionnaire

Part 3: Cat's Behavior History

1) Please describe your cat: Playful Couch Potato Talkative Affectionate Destructive

Rambunctious Other: _____

2) *Has your cat ever bitten a person? Yes, during play Yes, causing injury

Did the person require medical care? Yes No

If yes, please explain: _____

3) *Has your cat ever scratched a person? Yes, during play Yes, causing injury to the person No

4) **Is your cat:** Indoor only Outdoor only Indoor/Outdoor

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

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

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

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

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

9) **Are there places your cat does 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 _____

10) **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 Catnip Fuzzy mice Balls String

Other _____

11) **Is your cat frightened of anything?** Thunder Loud noises Vacuum Dogs Cats Men

Women Children Strangers Other: _____

12) **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 _____

13) **Is your cat allowed on:** Counters Furniture Bed Table/Shelves

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

15) **Does your cat use a scratching post?** Yes No If yes, what kind? Carpet Rope Cardboard

Where is the scratching post located? _____

