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:

<table>
<thead>
<tr>
<th>Age Range (years)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-17</td>
<td></td>
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</tr>
<tr>
<td>18-29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>People your cat lives with:</th>
<th>Friendly</th>
<th>Playful</th>
<th>Runs/Hides</th>
<th>Ignores</th>
<th>Hisses/Growls</th>
<th>Swats/Scratches</th>
<th>Bites</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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 to the person □ No
   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?
Part 4: Cat’s Medical History

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

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

*Please provide any additional information that could help potential adopters get to know your cat:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

By signing below, I certify that all information given is accurate and truthful to the best of my knowledge.

Signature: ____________________________
Print Name: ____________________________
Date: ____________________________

Revised 9/15/16