



## Pet Profile - Cats

Please take the time to thoughtfully complete the entire form to help us understand your animal's needs and determine how we can best assist you. PLEASE ALLOW 10-15 MINUTES to complete the form. This information is required for all incoming animals (one form for each pet please).

### Owner Info

Today's Date \_\_\_\_\_ Owner's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Phone Number(s): \_\_\_\_\_ Is this your first visit?  Yes  No

Street Address \_\_\_\_\_

City, State, ZIP code \_\_\_\_\_

What is your county of residence? \_\_\_\_\_

### Pet Overview

- How did you obtain this pet? Be as specific as possible. \_\_\_\_\_
  - If adopted from another shelter or rescue agency, which one? \_\_\_\_\_
- How long have you owned this pet? \_\_\_\_\_
- Please tell us why you need to find a new home for your pet today? \_\_\_\_\_  
\_\_\_\_\_
- If for behavior related reasons, have you sought behavior assistance from a professional?  Yes  No
  - If yes, what modification or management was tried? \_\_\_\_\_
  - Did the recommendations work? \_\_\_\_\_
- Is your pet microchipped?  Yes  No  Unknown Microchip number? \_\_\_\_\_
  - Is your pet's microchip registered to you?  Yes  No
  - If no, who is the chip registered to? Please include contact information: \_\_\_\_\_
- Is this animal sick or injured right now?  Yes  No If yes, please describe: \_\_\_\_\_
  - Have you taken this animal to a veterinarian for this illness or injury?  Yes  No
  - Has your pet been treated for this or any other medical conditions?  Yes  No
- We would like to help your pet remain a part of your family. If resources are available, are you interested in keeping your pet?  Yes  No
- HSPPR may be able to assist with the following, check all that apply:  
 Free behavior consultation  Assistance with a pet deposit or pet rent (application required)  
 Pet food  Low/No cost spay or neuter  Low/No cost vaccines  
 Pet supplies (Items? \_\_\_\_\_)  Other (please explain: \_\_\_\_\_)

## All about (pet's name): \_\_\_\_\_

This pet is:  **Female**  **Male**

Is this pet spayed/neutered?  **Yes**  **No**

How old? (years/ months) \_\_\_\_\_ What color(s)? \_\_\_\_\_

What breed? (please be specific) \_\_\_\_\_

Favorite game to play \_\_\_\_\_ Toy \_\_\_\_\_ Treat \_\_\_\_\_

Place to sleep \_\_\_\_\_ Place to be pet/scratched \_\_\_\_\_

Other "favorites" we should know about: \_\_\_\_\_

Is the pet used to: walking on a leash?  **Yes**  **No**

Car rides?  **Yes**  **No**

Has your cat had any house soiling issues?  **Yes**  **No**

If yes, explain: \_\_\_\_\_

Does your cat have any issues or sensitivity with being touched or picked up?  **Yes**  **No**

If yes, explain: \_\_\_\_\_

Does your cat swat or scratch?  **Yes**  **No**

If yes, explain: \_\_\_\_\_

### Fear Behavior

1. Is the pet afraid of loud noises (i.e., fireworks, thunderstorms, vacuum etc.)? Please list: \_\_\_\_\_

2. Is the pet afraid of people?  **Yes**  **No** If yes, who:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Children</b>    | <input type="checkbox"/> <input type="checkbox"/> All | <input type="checkbox"/> <input type="checkbox"/> Specific child (age: _____) |
| <input type="checkbox"/> <b>Adult women</b> | <input type="checkbox"/> <input type="checkbox"/> All | <input type="checkbox"/> <input type="checkbox"/> Specific person             |
| <input type="checkbox"/> <b>Adult men</b>   | <input type="checkbox"/> <input type="checkbox"/> All | <input type="checkbox"/> <input type="checkbox"/> Specific person             |

3. Is this fear all the time or in certain situations? Please explain: \_\_\_\_\_

4. What does the fearful behavior look like? \_\_\_\_\_

### Roommate History

1. Has the pet lived with children?  **Yes**  **No** If yes, what ages? \_\_\_\_\_

2. How does the pet react to children? \_\_\_\_\_

3. Has the pet lived with other animals to include dogs, cats, small pets, poultry, livestock?  **Yes**  **No**

If yes, please describe the other animals: \_\_\_\_\_

4. How does the pet react to other animals? \_\_\_\_\_

**History with People and Animals**

1. Have you ever felt unsafe around this pet?  **Yes**  **No** If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
2. Has this pet ever harmed a person, including members of your family or non-family members?  **Yes**  **No**
  - a. If yes, please list who was harmed: \_\_\_\_\_
  - b. How severe was the injury? Check all that apply:
    - Bruise/scrape
    - Single bite puncturing skin not requiring medical attention
    - Multiple bites puncturing skin not requiring medical attention
    - Multiple punctures/severe bites requiring medical attention
    - Other: please explain \_\_\_\_\_
  
  - c. Please describe the incident(s) leading up to the bite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - d. Did any bites that caused bleeding occur in the past ten days?  **Yes**  **No**
  
  - e. Date of bite: \_\_\_\_\_ Provide time frame of all previous bite(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Has this pet ever harmed another animal to include dog, cat, small pet, poultry, livestock?  **Yes**  **No**
  - a. If yes, what type of animal? \_\_\_\_\_
  - b. How severe was the injury? Check all that apply:
    - Bruise/scrap
    - Single bite puncturing skin not requiring medical attention
    - Multiple bites puncturing skin not requiring medical attention
    - Multiple punctures/severe bites requiring medical attention
    - Death
    - Other: please explain \_\_\_\_\_
  
  - c. Please describe the incident(s) leading up to the bite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Does your cat get along with other cats?  **Yes**  **No**
  - a. If not, describe the behavior your cat has toward other cats: \_\_\_\_\_  
\_\_\_\_\_

**Lifestyle**

**Where is your cat kept during the day?**

- Inside only
- Outside only
- Inside and outside
- In a garage or outbuilding with both indoor and outdoor sections

**Where is your cat kept at night?**

- Inside only
- Outside only
- Inside and outside
- In a garage or outbuilding with both indoor and outdoor section

1. If your cat has access to the outdoors, does (s)he use a cat door to come and go as (s)he pleases?  
 **Yes**  **No**
2. How does your cat behave when left alone? \_\_\_\_\_

3. How often has your pet shown each of the following signs when left, or about to be left, on his/her own:
- a. Crying, meowing, or yowling:  **Never**  **Seldom**  **Sometimes**  **Usually**  **Always**
  - b. Chewing/scratching at doors, floors, windows, curtains, etc.:  
 **Never**  **Seldom**  **Sometimes**  **Usually**  **Always**
4. Is your cat a door darter?  **Yes**  **No**
5. What kind of exercise/regular play is your cat used to? \_\_\_\_\_
- 
- a. How often do you exercise (interactive physical exercise) your cat?
- Never**  **Once per day**  **2x per day**  **3x per day**  **4x per day**  **5x per day**  
 **1x per week**  **2x per week**  **3x per week**  **4x per week**  **5x per week**  **6x per week**
- b. How long is your cat's regular play time on average?
- None**  **Less than 15 minutes**  **Between 15 - 30 minutes**  **30 minutes**  
 **Between 30 - 60 minutes**  **More than 1 hour**

**Is there anything else that you think we should know about your pet that we haven't asked?**

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