

# Animal Shelter Inc. of Sterling, MA - Cat Personality Profile

I am surrendering my cat because: \_\_\_\_\_

Cat's name \_\_\_\_\_ Color/s \_\_\_\_\_ Age \_\_\_\_\_ My cat is:  Male  Female

My cat is a:  Short Hair  Medium Hair  Long Hair  Purebred/mix \_\_\_\_\_

My cat is:  Spayed/Neutered  Litter-trained  A hunter/mouser

Indoor cat  Outdoor cat  Indoor/Outdoor

Declawed  Leash/harness trained  Vocal

Playful  Rambunctious  Affectionate

A play biter  A plant chewer  A curtain climber

My cat would be happiest in a home:  W/Children  Only Adults

Another pet (type) \_\_\_\_\_

City  Suburbs  Rural

My cat's behavior around children:  Friendly/playful  Tolerant  Afraid/hides

Shy but will approach  Aggressive  unknown

My cat's: favorite dry food(s) \_\_\_\_\_ Canned \_\_\_\_\_

feeding time(s) \_\_\_\_\_ feeding spot: \_\_\_\_\_

favorite toy(s) \_\_\_\_\_ where does your cat sleep? \_\_\_\_\_

favorite cat litter:  clumping  Clay  Other \_\_\_\_\_

My cat's litterbox was located in/at: \_\_\_\_\_

Three things you like about Cat: \_\_\_\_\_

Three things you would change about Cat: \_\_\_\_\_

What are your cat's favorite activities? \_\_\_\_\_

How/where on the body does this cat NOT like to be petted? \_\_\_\_\_

Does your cat mind being picked up?  Yes  No If not what is the reaction? \_\_\_\_\_

Does your cat mind being held?  Yes  No If no what is the reaction? \_\_\_\_\_

What age of children does this cat like?  Babies  Toddlers  Young  Teens

Ages of children in household: \_\_\_\_\_

Does your cat like men?  Yes  No If no why? \_\_\_\_\_

Does your cat like women?  Yes  No If no why? \_\_\_\_\_

Did your cat live with other pet/s?  Yes  No Describe and include ages: \_\_\_\_\_

If your cat lived with other cats will he/she share a litter box and food/water?  Yes  No

How would you describe your cat? (Circle appropriate answers)

One person cat  Shy  Friendly  Destructive  Noisy  Playful  Quiet

Protective  Obedient  Aggressive  Active  Aloof  Finicky  Demanding

Does your cat have any particular fears (vacuum, broom, thunder, etc.)? \_\_\_\_\_

Has your cat ever bitten or scratched someone?  Yes  No If Yes explain \_\_\_\_\_

Is your cat accustomed to:  Nail clipping  Bathing  Brushing  Ear cleaning  Vet visits

What advice would you give to a potential adopting family about your pet?

\_\_\_\_\_

Medical History/Special needs/problems: \_\_\_\_\_

\_\_\_\_\_