



Naperville Area Humane Society

A better home. A better life. A better future.

Incoming Feline Personality Profile

The following questionnaire provides us with information about how your cat behaved in many different circumstances while he/she was living with you. Because your cat is likely to behave in similar ways in a new home, this information will help us to find the most suitable home for your cat and to effectively counsel the new family. Your open and honest answers are necessary and appreciated so that we can process careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature: _____

Print Name: _____

Print Cat's Name: _____

Relationship to Cat: _____

Date: _____



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Date: _____

Cat and Household Information

1. Cat's name _____ 2. Gender Male Female 3. Age _____

4. Breed _____ 5. How long have you had this cat? _____

6. Is the cat spayed/neutered? Yes No

7. Is the cat declawed? Yes, front only Yes, all four paws No

8. Where did you get this cat?

This shelter Friend/relative Newspaper/website Found stray Breeder Pet store

Other shelter/rescue (which one) _____

Other (please describe) _____

9. Why are you surrendering this cat? _____

10. Including yourself, how many people of the following ages live in your house?

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

11. How would you describe your household?

Active (many guests, parties, children, etc.) Noisy (loud voices, many voices, loud music/TV, etc.)

Quiet (not many visitors or occupants, family home often)

12. Which word(s) are used to best describe this cat's personality? (check all that apply):

Playful Rambunctious Affectionate Talkative Couch Potato Shy Mellow

Outgoing Gentle Cuddly Lap Cat Friendly Other: _____

13. What other animals has this cat lived with?

- No other animals in the household
 Cats, male
 Cats, female
 Dogs
 Other _____

14. Please describe this cat's behavior around other animals in the home. Continue to #15 if this does not apply.

15. How does your cat usually behave toward the following? (check all that apply)

	Never Encounter	Friendly/ Playful	Afraid/Shy	Bites	None of these
People your cat knows					
Men					
Women					
Children					
Unfamiliar people					
Men					
Women					
Children					
Animals your cat knows					
Dogs					
Cats					
Unfamiliar animals					
Dogs					
Cats					

16. How does your cat usually react when you or another family member does the following to him/her? (check all that apply)

	Never tried	Enjoys	Allows	Afraid	Bites	None of these
Pick up/ carry						
Brush						
Bathe						
Wipe feet						
Trim nails						

17. Does your cat use the litter box 100 percent of the time?

- Yes No

18. How many litter boxes are available to your cat? 1 2 3 4 5 More than 5

19. If you have multiple boxes, are they:

- Dispersed throughout the home All in same room

20. In which room(s) are the litter boxes kept? _____

21. Are the litter boxes:

- Covered (hooded) Uncovered

22. Do you use liners in the litter boxes? Yes No

23. How often are the litter boxes scooped free of urine and feces? Once daily Twice daily

- More than twice daily Less than once daily

24. How often are the litter boxes thoroughly sanitized? Once weekly Once monthly

- Every few months Less than every few months Never

25. What type of litter do you use? Clumping Clay

If your cat does not use the litter box 100 percent of the time, please complete the #26 – 29. Otherwise continue to #30.

26. How often does your cat have accidents in the house: Once a day Once a week All the time

Please explain _____

Does the cat: Urinate outside the box Defecate outside the box Both

Please describe the accidents:

- Urinates/defecates right outside the box (please circle whether urine or feces)
 Urinates/defecates on furniture
 Urinates/defecates on clothing
 Urinates/defecates anyplace
 Other: _____

What have you done to try to correct the problem? _____

27. How long has the problem been occurring? _____

28. Can you pinpoint an event(s) that might have triggered the problem?

- Move
 New person in home
 New pet: What kind? _____
 Fighting with other cat(s) in home
 Changed litter or litter box
 Changed location of litter box
 Recently had cat declawed
 Other: _____

- 29. Has the cat been checked to rule out medical problems? (Have a urinalysis and blood work been done?)**
 Yes No If Yes, please name the animal hospital _____
- 30. Has your cat ever sprayed in the house?** Yes No
If Yes, please explain _____
- 31. Is your cat allowed outside?** Yes No If Yes, please explain _____

- 32. How long is your cat left home alone, without people, during the day?**
 Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours
- 33. When your cat plays does he/she typically:** (check all that apply)
 Jumps (on humans) Scratches (humans) Bites lightly Bites hard None of these
- 34. What toys does your cat like?** (check all that apply)
 Balls Feather Toy mice Catnip None Other _____
- 35. What games/activities does your cat like?**

- 36. Is your cat scared of ...** (check all that apply)
 Thunder Fireworks Vacuum cleaner Brooms Hands Water
 Other _____
- 37. Does your cat use a scratching post?** Yes No. If Yes, what is the post's material? _____

- 38. Does your cat scratch the furniture?** Yes No
- 39. What types of touch and interaction does this cat like?** _____

- 40. What types of touch and interaction does this cat not like?** _____

- 41. Does your cat have any behavioral quirks that a new family should be aware of?** Yes No
If Yes, please explain _____
- 42. How does your cat react when being put into a carrier for travel?**
 Little or no struggle Moderate struggle Struggles fiercely
 Please explain briefly _____
- 43. Where does your cat usually sleep overnight?**
 Owner's bed Free in home Other _____
- 44. Does your cat respond to his/her name?** Yes No
- 45. Does your cat have problems riding in the car?**
 Yes (describe) _____
 No

46. Has your cat escaped from your home/property two or more times in the last six months?

- Yes (describe) _____
 No

47. Is there any report of your cat ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?

- Yes No Don't know

48. Is your cat up to date on vaccinations? Yes No

49. Please specify the name of the veterinary clinic/hospital where you take your cat:

50. Has your cat ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer? (check all that apply)

	Never had this done	Growls	Bites	None of these	Do not know
Examine (including heart, teeth, and ears)					
Restrain					
Administer vaccinations					
Trim nails					
Draw blood					

51. Does your cat need to be muzzled while at the veterinarian? Yes No

52. Does your cat have any past or present medical conditions?

- Yes (describe) _____
 No

53. Is your cat currently on medication or a special diet?

- Yes (describe) _____
 No

54. What type & brand of food does your cat eat? (check all that apply)

- Dry Wet/canned Table scraps What brand(s) _____

55. What time of day is your cat fed? A.M. P.M. Both a.m. and p.m. Food left out all day

56. Please feel free to provide any additional helpful comments/information:
