



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's name _____ Gender Male Female Age _____

Breed _____ How long have you had this cat? _____

Is the cat spayed/neutered? No Yes Unknown

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

Where did you get this cat?

This shelter Friend/relative Online Found stray Breeder Pet store

Other shelter/rescue (which one) _____

Other (please describe) _____

Why are you surrendering this cat? _____

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 +		

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)

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 Fearful Other: _____

What other animals has this cat lived with?

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

Please describe this cat’s behavior around other animals in the home. If this does not apply, enter N/A.

Please describe this cat’s behavior around children under the age of 10 years. Please be specific, and if this does not apply, enter N/A.

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					

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						

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

No Yes

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

If you have multiple boxes, are they:

Dispersed throughout the home All in same room

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

Are the litter boxes:

Covered (hooded) Uncovered

Do you use liners in the litter boxes? No Yes

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

More than twice daily Less than once daily

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

Every few months Less than every few months Never

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 A –F below.

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

Please explain _____

B) 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: _____

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

D) How long has the problem been occurring? _____

E) 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: _____

F) 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 _____

Has your cat ever sprayed in the house? No Yes Unknown

If Yes, please explain _____

Is your cat allowed outside? No Yes (explain) _____

How long is your cat left home alone, without people, during the day?

Never 1-4 hours 4-7 hours 7-9 hours 9-12 hours Over 12 hours

When your cat plays he/she typically: (check all that apply)

Jumps (on humans) Scratches (humans) Bites lightly Bites hard None of these

What toys does your cat like? (check all that apply)

Balls Feather Toy mice Catnip None Other _____

What games/activities does your cat like?

Is your cat scared of ... (check all that apply)

Thunder Fireworks Vacuum cleaner Brooms Hands Water

Other _____

Does your cat use a scratching post? No Yes If Yes, what is the post's material? _____

Does your cat scratch the furniture? No Yes

What types of touch and interaction does this cat like? _____

What types of touch and interaction does this cat not like? _____

Does your cat have any behavioral quirks that a new family should be aware of?

No Yes (explain) _____

How does your cat react when being put into a carrier for travel?

Little or no struggle Moderate struggle Struggles fiercely

Does your cat have problems riding in the car?

No Yes (describe) _____

Where does your cat *usually* sleep overnight?

Owner's bed Free in home Other _____

Does your cat respond to his/her name? No Yes

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

No Yes (describe) _____

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

No Yes Unknown

Is your cat up to date on vaccinations? No Yes Unknown

Please specify the name of the veterinary clinic/hospital where you take this cat:

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					

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

Does your cat have any past or present medical conditions?

No Yes (describe) _____

Is your cat currently on medication or a special diet?

No Yes (describe) _____

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

Dry Wet/canned What brand(s) _____

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

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