



Incoming Feline Profile

Cats can't talk, so they can't tell us where or with whom they would like to live. To ensure that their adoptive home is a safe, happy and appropriate place for *your* cat to live, we need you to fill out this form in as much detail as possible. Detailed and honest information from you is crucial to our placement process, so please take the time to fill in this profile with care and accuracy.

Undesirable behaviors and medical issues do not necessarily prevent placement, however, failure to disclose those problems definitely does. Dishonest or incomplete responses can undermine the safety and happiness of both your cat and the new adoptive family. If there are any questions that are unclear or that you are uncomfortable responding to for any reason, please ask to speak directly to one of our helpful staff members about the issue.

The Basics

Cat's Name: _____ Age: _____ Declawed: Yes No
Sex: Male Female Fixed Unsure

How long has this cat lived with you? _____

Where did you acquire this cat?
 Dakin Pioneer Valley Humane Society Other Shelter Breeder Pet Store Gift
 Friend/Relative Newspaper Found/Stray Born at Home Other

What do you know about this cat's life before living with you? _____

The Great Outdoors

Where does this cat live? Indoors only Outdoors only Indoors/outdoors

If indoor/outdoor, when was the cat allowed outdoors? _____

When outdoors, was this cat: Allowed to roam Always Supervised Harnessed/leashed

If outdoors did this cat hunt? _____ If indoors did this cat try to escape? _____

If outdoors did this cat ever fight with other cats or any other animal? _____

Social Skills

What ages/types of people lived with this cat?
 Adult Men Adult Women Seniors Older children (Ages _____) Younger children (Ages _____)

If this cat lived with children under the age of 7, how did they interact? (*check all that apply*)
 Cat actively avoided child Child could pet cat Mutual adoration Ignored each other Cat & child played together
 Cat hissed or growled at child Other

Approximately how many hours a day did the cat spend unsupervised? _____

Where did the cat stay when no one was home? _____

Where did the cat stay at night? _____

How would you describe your household? Grand Central Station Some Activity Quiet & Serene

How does this cat react to visitors? _____

How would you describe your cat most of the time? (check all that apply):

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="radio"/> Friendly to family | <input type="radio"/> Aloof | <input type="radio"/> Independent |
| <input type="radio"/> Very active | <input type="radio"/> Withdrawn | <input type="radio"/> Shy to visitors |
| <input type="radio"/> A clown | <input type="radio"/> Shy to family | <input type="radio"/> Fearful |
| <input type="radio"/> Vocal (if yes when: _____) | <input type="radio"/> Quiet | <input type="radio"/> Fearless |
| <input type="radio"/> Couch potato | <input type="radio"/> Lap cat | <input type="radio"/> Solitary |
| <input type="radio"/> Friendly to visitors | <input type="radio"/> Talkative | <input type="radio"/> More like a dog |
| <input type="radio"/> Playful | <input type="radio"/> Affectionate | |

Is your cat overly active at night? Yes No Describe his/her nighttime behavior: _____

Has this cat ever bitten or scratched anyone? Yes No

If yes, please explain: _____

What causes this cat to growl or hiss? _____

How does your cat like to play? (check all that apply)

- | | |
|---|---|
| <input type="radio"/> Likes to play rough, may bite or scratch | <input type="radio"/> Plays gently, does not usually use teeth or claws |
| <input type="radio"/> Likes to chase & pounce with variety of toys | <input type="radio"/> Likes to play in or around water |
| <input type="radio"/> Likes things that crackle, such as paper bags | <input type="radio"/> Likes to learn tricks for treats |
| <input type="radio"/> Likes to play hide & seek | <input type="radio"/> Likes to play with other cats |
| <input type="radio"/> Will fetch items like bottle caps or toys | <input type="radio"/> Likes to play with dogs |
| <input type="radio"/> Chases bugs or moths | <input type="radio"/> Not interested in play |
| <input type="radio"/> Other _____ | |

Does this cat have any favorite toys? _____ Does this cat like catnip? Yes No

How does this cat like to be petted? _____

Where does this cat *dislike* being petted? _____

Does this cat mind being picked up? Yes No

Does this cat jump on the counters/tables? Yes No

If yes, do you discourage it? Yes No If, yes, how? _____

If this cat has lived with other cats, how did they interact? (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="radio"/> Adored each other | <input type="radio"/> Played together | <input type="radio"/> Sniffed noses | <input type="radio"/> Groomed each other |
| <input type="radio"/> Slept near each other | <input type="radio"/> Ignored each other | <input type="radio"/> Rough with others | <input type="radio"/> Fought with injuries |
| <input type="radio"/> Fought without injuries | <input type="radio"/> Gentle with others | <input type="radio"/> Caused this cat stress | |
| <input type="radio"/> Peacefully coexisted | <input type="radio"/> Other (please explain) _____ | | |

If this cat has lived with dogs, how did they interact? (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="radio"/> Adored each other | <input type="radio"/> Played together | <input type="radio"/> Sniffed noses | <input type="radio"/> Groomed each other |
| <input type="radio"/> Slept near each other | <input type="radio"/> Ignored each other | <input type="radio"/> Cat feared dog | <input type="radio"/> Fought with injuries |
| <input type="radio"/> Fought without injuries | <input type="radio"/> Dog chased cat | <input type="radio"/> Caused this cat stress | |
| <input type="radio"/> Cat rubbed on dog | <input type="radio"/> Cat tormented dog | <input type="radio"/> Avoided each other | |
| <input type="radio"/> Peacefully coexisted | <input type="radio"/> Other (please explain) _____ | | |

Has the cat regularly been around children? Yes No Unsure

If yes, indicate what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

If this cat lived with children under the age of 7, how did they interact? (check all that apply)

- | | | |
|--|---|--|
| <input type="radio"/> Cat actively avoided child | <input type="radio"/> Child could pet cat | <input type="radio"/> Mutual adoration |
| <input type="radio"/> Ignored each other | <input type="radio"/> Cat & child played together | |
| <input type="radio"/> Cat hissed or growled at child | <input type="radio"/> Other | |

Is this cat more comfortable with: Women Men Kids Teenagers Seniors Loves all people

Litterbox Habits

Where does your cat toilet? Litterbox Outside

What type of litterbox do you have? Covered Uncovered Other _____

What type of litter do you use? Clumping Clay Other _____

Where in your home is the litterbox(es) located? _____

How often do you clean the litterbox? Daily Every few days Once a week Other _____

Does your cat ever have an accident (pee or poop) outside the litterbox? Yes No **(if no, skip to Health & Behavior)**

If yes, how frequently? Urine (pee) Daily Weekly Once in a while

Stool (poop) Daily Weekly Once in a while

If yes, when did this first happen? a week a month several months or longer

Does your cat Urinate (pee) Defecate (poop) Both outside the box?

Where do the accidents happen (what room, location, type of surface)? _____

Has your cat been seen by a veterinarian to rule out a medical problem? Yes No

What are the circumstances in which your cat eliminates outside the box? _____

What have you done to correct the litterbox problem? _____

Health & Behavior

Is this cat frightened of anyone or anything? _____

Who is this cat's veterinarian? _____ When was the cat last seen by a veterinarian? _____

Does this cat have any behavioral quirks? _____

Does this cat have any bad habits the new adopter should be aware of? Yes No

If yes, please describe: _____

What have you done to correct this habit? _____

Does this cat have any old injuries or other health problems? Yes No

If yes, please describe: _____

Is this cat currently on any medications or special diets? Yes No

If yes, please describe: _____

What type of food does this cat eat? Dry Moist Canned What brand? _____

When is this cat fed? AM PM Free access to food

Does this cat like treats? Yes No

If yes, please describe: _____

Are there any quirks or habits you are not fond of in your cat? _____

What is this cat's best quality? _____

Is there anything else we should know about this cat?

I authorize the release of my pet's medical records to the Dakin Pioneer Valley Humane Society _____

(signature)