

Jasper County Animal Rescue League and Humane Society

Owner Surrender Cat Profile

Date: _____ **Relationship to cat:** _____

Part 1: Household History

1) Cats name: _____ 2) Age: _____

3) How long have you had the cat? _____

4) Why are you giving up the cat (what would have to happen in order for you to keep the cat)?

Where did you acquire the cat? JCARL Other Shelter Friend/relative Newspaper

Found/Stray Breeder Pet Store Gift Own Litter Other _____

5) Please list ages of household members that your cat has lived with:

Men: _____ Women: _____ Children: _____

How did your cat react to men in the household?

Friendly Playful Afraid Ignores Hisses/growls Scratches Bites No men in household

How did your cat react to women in the household?

Friendly Playful Afraid Ignores Hisses/growls Scratches Bites No men in household

How did your cat react to children in the household?

Friendly Playful Afraid Ignores Hisses/growls Scratches Bites No men in household

What other animals did your cat live with? No other animals in household

Dogs # _____ Breed: _____ Cats: # males: _____ # females: _____

How did your cat get along with dogs in the household? Friendly Playful Tolerant Afraid

Ignores Hisses Growls Scratches

How did your cat get along with cats in the household? Friendly Playful Tolerant Afraid

Ignores Hisses Growls Scratches

How did your cat react to cats outside of the household? Friendly Playful Tolerant Afraid

Ignores Hisses Growls Scratches

Part 2: Cats litter box history

1) Do you provide your cat with a litter box? Yes No How many? _____

Is it a covered litter box? Yes No do you use liners? Yes No

How often is it scooped? _____

How often is it changed completely? _____

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

3) Does your cat have accidents in the house? Yes No If no, skip to part 3.

Does your cat Urinate Defecate both

Have you noticed your cat having difficulty urinating or blood in urine? Yes No

Have you taken your cat to the veterinarian for the problem? Yes No

How long has your cat had the problem? _____

How often does your cat have accidents? Daily One+ times/week 1+times/month

Occasionally

Please describe the accidents: Urinates/Defecates (please circle which) right outside box

Urinates/Defecates (please circle which) anyplace

Urinates/Defecates (please circle which) in bathtub

Urinates/Defecates (please circle which) on furniture

Urinates/Defecates (please circle which) on clothing

Sprays (urinates) on walls/furniture

Other: _____

Can you pinpoint any events that may have triggered the problem?

Moving

New person in home

New pet: (what kind? _____)

Fighting with household cat

Changed litter or litterbox (includes covers)

Changed location of litterbox

Other: _____

Please describe any measures you have taken to correct the problem:

Part 3: cats' behavior history

1) How many times a day is your cat: Indoors: _____ outdoors: _____

If outdoors, is your cat: Allowed to roam Supervised Harnessed

Screened room/porch

2) How long is your cat left alone, without people? Never 1-3 hours 4-8 hours 9-12 hours more than 12 hours

When alone, is your cat: free in the house confined to a room outside

3) Does your cat like to be held? yes tolerates No, struggles to get away no, scratches or bites

4) Does your cat like to be petted? yes tolerates No, struggles to get away no, scratches or bites

5) Is your cat a lap cat? yes, often yes, on occasion rarely never

6) Where does your cat not like to be touched? ears Paws Tail Stomach

Other: _____

If touched in the above places, how does he/she respond? does nothing moves away growls hisses

swats scratches bites other: _____

7) How does your cat play? gentle somewhat rough very rough doesn't play

If your cat plays, does he/she: grab with claws scratch bites lightly bites hard

What toys does your cat like? none balls catnip string fuzzy mice

other: _____

8) How does your cat respond to visitors? friendly playful afraid ignores

hisses/growls scratches

9) how does your cat respond to children? friendly playful afraid ignores

hisses/growls scratches bites never sees children

10) Is your cat frightened of anything? Thunder loud noises Vacuum Dogs Cats Men Women

Children Strangers other: _____

11) Please tell us about your cats "bad habits": Scratches furniture Scratches rugs

Door Dashes Chews/digs in plants Jumps on counters Knocks things off shelves vocal hunts

other _____

12) Has your cat ever bitten a person? Yes No Did the person require medical care? Yes

No If yes, please explain: _____

13) Has your cat ever scratched a person? Yes No

14) Have you ever provided a scratching post for your cat? Yes No If yes, what kind?

carpet rope cardboard Where was it kept?: _____

Did the cat use the post? Yes No

15) Is your cat allowed on: Counters furniture Bed Table Shelves

16) Where does your cat sleep at night? _____

17) Is your cat accustomed to: bathing brushing nail trimming teeth cleaning

medicating

18) How does your cat behave in the car? cries vomits tries to escape urinate/defecate

does nothing

Part 4: Cats Medical History

1) did your cat see a veterinarian on a regular basis? Yes No

If yes, what is the veterinarians name and number?: _____

How did your cat behave at the veterinarian? Friendly Tolerant Afraid Hisses

Swats/bites

2) Does your cat have any past or present medical conditions? Yes No

If yes, what are they? _____

3) is your cat currently on any medications or a special diet? _____

4) is your cat spayed or neutered? Yes No if yes, at what age? _____

Declawed? Yes No if yes, front feet only all 4 feet

5) What type of food does your cat eat? dry wet/canned mixed what brand?: _____

Does your cat get table scraps? Yes No *does your cat get treats?* Yes No

Part 5: additional information

This cat is best described by the following words: Playful rambunctious affectionate

