**CACC Cat Behavior Profile**

Cat's Name: ___________________________  Breed: ___________________________

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
<th>Unsure</th>
<th>Spay/Neuterd?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
</table>

Current Age: ___________________________  Declawed: | Yes | No | Unsure |

### About your Cat's History

Has your cat bitten or scratched anyone in the last 10 days? ..........  Yes | No | Unsure

Has your cat ever bitten someone and broken skin? .........................  Yes | No | Unsure

Date of last bite (if applicable): ___________________________

If yes, please describe the circumstances surrounding the bite: ____________________________________________________________

How old was your cat when you obtained him? ___________________________

From where did you obtain the cat? *(please circle)*

- Found/Stray
- Previous Owner
- Rescue Group/Shelter
- Breeder
- Bred at home
- Pet Store

### About your Cat's Habits

Where does your cat spend most of his time? *(please circle)*

- Indoors Only
- Outdoors Only
- Indoors at night
- In a shed
- Indoors with access to outdoors
- In garage or basement

### Housetraining

*Please Circle*

- Uses a litterbox
- Goes outdoors
- Has occasional accidents
- Sprays?

Has frequent accidents? Yes | No | Unsure

What kind of litter does your cat prefer? ___________________________

### Feeding

What brand/type of cat food does your cat eat? ___________________________

How much do you feed your cat? ___________________________

How often do you feed your cat? ___________________________
### Placement

**Would you recommend your cat be placed in a home with children?**
- [ ] Yes
- [ ] No
- [ ] Unsure

If yes, what ages?

**Would you recommend your cat be placed in a home with other animals?**
- [ ] Yes
- [ ] No
- [ ] Unsure

*If yes, please circle all that apply:*

<table>
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<tr>
<th>Other Cats Only</th>
<th>Dogs Only</th>
<th>Both Dogs &amp; Cats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodents</td>
<td>Birds</td>
<td>Reptiles</td>
</tr>
</tbody>
</table>

**Has your cat ever lived with other animals?**
- [ ] Yes
- [ ] No
- [ ] Unsure

*If yes, please circle all that apply:*

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### About your Cat's Behavior

**Does your cat have any fears?**
- [ ] Yes
- [ ] No
- [ ] Unsure

*If yes, please circle all that apply:*

- [ ] Loud Noises
- [ ] Vaccums
- [ ] Thunder
- [ ] Fireworks
- [ ] Strangers
- [ ] Water

What does your cat do when he's scared?

**Does your cat have any behaviors for a new home to work on?**
- [ ] Yes
- [ ] No
- [ ] Unsure

*If yes, please circle all that apply:*

- [ ] Nipping
- [ ] Scratching people
- [ ] Scratching rugs or furniture

Other:

What are your cat's favorite toys and/or activities?

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**Please use the space below for any additional information you would like to share about your cat.**

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