



CACC CAT BEHAVIOR PROFILE

Cat's Name: _____

Breed: _____

Gender: Male Female Unsure

Spay/Neuterd?

Yes No Unsure

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

Has frequent accidents? Yes No Unsure

Sprays? 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:

- | | | |
|-----------------|-----------|------------------|
| Other Cats Only | Dogs Only | Both Dogs & Cats |
| Rodents | Birds | Reptiles |

Has your cat ever lived with other animals?..... Yes No Unsure

If yes, please circle all that apply

- | | | |
|-----------------|-----------|------------------|
| Other Cats Only | Dogs Only | Both Dogs & Cats |
| Rodents | Birds | Reptiles |

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? _____

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

