

OF SHEBOYGAN COUNTY Humane Society

Cat Incoming Profile

Cat's Name: _____ Age: ____ yrs. ____ mos. Breed (s): _____

Sex: Male Female Fixed Unsure

Declawed: No Front only All Four Feet

Identification: Tattoo Microchip Other None

🐾 How long has this cat lived with you? _____

🐾 Why are you giving up this cat? _____

🐾 Where did you acquire this cat?

Humane Society of Sheboygan County

Other Shelter

Own Litter

Gift

Pet Store

Newspaper

Craigslist

Breeder- Name & Location: _____

Friend/Relative

Found/Stray

Other _____

🐾 How many other homes did this cat have before you? _____

🐾 What can you tell us about this cat's life prior to living with you? _____

Lifestyle

🐾 Where does this cat spend most of the day?

Inside

Outside

Barn

Confined to one room

Free roam of the house

Basement

Other _____

🐾 If outdoors is your cat:

Allowed to run

Supervised

Harnessed

Screened Room/Porch

🐾 Where is the cat used to sleeping?

Person's Room

In Person's Bed

Confined to One Room

Roaming the House

Other _____

🐾 How does this cat like to play:

Gentle

Somewhat Rough

Very Rough

Doesn't Play

🐾 If your cat plays with people, does he/she:

Grab with claws

Scratch

Bite Lightly

Bite Hard

Bite Lightly

None

🐾 What toys does your cat like?:

- None Balls catnip
 string Fuzzy Mice Other: _____
- 🐾 How long is your cat left alone without people?:
 Never 1-3 hrs. 4-8 hrs.
 9-12 hrs. Over 12 hrs.
- 🐾 Does your cat like to be held/pet:
 Yes Tolerates No, Struggles No, Scratches or Bites
- 🐾 Is your cat frightened of anything?:
 Thunder Loud Noises Vacuum Dogs
 Cats Men Women Children
 Strangers Other: _____
- 🐾 Please tell us about your cats habits:
 Scratches Furniture/Rugs Runs out Door/Window Chews/Digs in Plants
 Jumps on counters/Shelves Vocal Other _____
- 🐾 Has your cat ever bitten a person? Yes No
If yes, please explain: _____
Did the person require medical care? Yes No
- 🐾 Have you ever provided a scratching post for this cat?
 No Yes- what kind? _____ Carpet
 Rope Cardboard
Where was the post? _____
Did the cat use the post? Yes No
- 🐾 **This cat is accustomed to:** (check all that apply)
 Bathing Brushing Nail Trimming Teeth Cleaning
 Medicating None
- 🐾 This cat is allowed on:
 Counters Furniture Bed
 Table Shelves None

Social Skills

- 🐾 **List the ages of household members your cat has lived with-** Men: _____ Women: _____ Children: _____
- 🐾 **List other pets in the home (Age/Breeds):** Dogs _____
 Cats _____ Other _____
- 🐾 Describe your household:
 Grand Central Station! Some Activity Quiet & Serene
- 🐾 Describe this **cat's behavior around children:**
 Friendly Playful Afraid Ignores
 Hisses/Growls Scratches Bites No Children in the household

🐾 Is the cat's behavior different with men or women in the household? Yes No

If yes, please explain _____

🐾 Describe this cat's behavior around other pets in the household?

Friendly

Plays with others

Afraid

Ignores

Tolerates

Ok, as long as can escape

Hisses/Growls

Scratches

Bites

🐾 Describe your cat's response to visitors:

Friendly

Playful

Afraid

Ignores

Hisses/Growls

Scratches

Bites

Litter Box History

🐾 Do you provide your cat with a litter box? Yes No

How many? _____ Is it covered Yes No

🐾 How often is it scooped? _____

How often is it changed completely? _____

🐾 Where are the litter boxes located? _____

🐾 What type of litter do you provide?

Clay

Clumping

Crystals

Others _____

🐾 Does your cat have accidents in the house? Yes No

If yes, please describe the accidents:

Urinates right outside the box

Defecates right outside the box

Urinates on Furniture

Defecates on furniture

Urinates on clothing

Defecates on clothing

Sprays (Urinates) on walls & Furniture

Other: _____

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

🐾 Have you **taken your cat to your veterinarian for urination problems?** Yes No

🐾 How long has your cat had this problem? _____

🐾 Can you pinpoint an event(s) that might have triggered the problem?

Fighting with household cat

Moved

New person in home

New pet: What kind? _____

Changed location of litter box

Another pet/Child keeping cat from the box or disturbing the cat while trying to use the box

Changed litter type/Brand or Litter Box

Remodeling in home

Other _____

🐾 Please **describe any measures** you have taken to correct this problems? _____

🐾 **Is there anything else we should know about this cat?** _____

Medical History

🐾 Did this cat see a veterinarian on a regular basis? Yes No

If yes, which clinic? _____

🐾 **Does this cat have any past/present medical conditions?** No Yes

If, yes describe: _____

🐾 **Is this cat on any special medication or diet?** _____

🐾 What type of food does this cat eat?

Dry

Wet/Canned

Mixed

What Brand? _____

🐾 Does this cat get table scraps? Yes No

🐾 List any food allergies? _____

*****I authorize the release of my pet's medical records to the Humane Society of Sheboygan County*****

_____ (signature) _____ (date)