



*Office Use Only*

Animal #: \_\_\_\_\_

Program Entrance Date: \_\_\_\_\_

Staff: \_\_\_\_\_

**Feline Facilitated Adoption Profile**

**Owner's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address:

Phone Number

E-mail:

**Cat's name:** \_\_\_\_\_

**Microchip #:** \_\_\_\_\_

Reason for Surrender:

\_\_\_\_\_  
\_\_\_\_\_

1. Age \_\_\_\_\_ 2. How long have you had this cat? \_\_\_\_\_
3. Gender  Male  Female 4. Spayed or Neutered?  Yes  No
5. Has your cat been declawed?  Yes  No 6. If yes, which paws?  Front  Rear  All four
7. How did you acquire your cat? Please provide as much information as possible.
- Stray/found: \_\_\_\_\_  Breeder  Other: \_\_\_\_\_
- Rescue Group: \_\_\_\_\_  Newspaper/internet
- Colony: \_\_\_\_\_  Pet store
- Shelter: \_\_\_\_\_  Friend

**8. Litter Box**

a) Has your cat had any accidents urinating or defecating outside the litter box?

Yes  No

b) What **type of litter** do you use?

Clay  Scented  
 Clumping  Unscented  
 Other \_\_\_\_\_

c) What **type of litter box** do you have?

Covered (with a hood)  
 Uncovered

d) How many litter boxes do you have? \_\_\_\_\_



**9. Scratching post**

What type of scratching post does your cat use? Check all that apply

- Sisal       Vertical       Scratches furniture       Don't have one  
 Wood       Horizontal       Scratches furniture ( I allow it)       Other \_\_\_\_\_  
 Carpet       Scratches carpet       Cardboard

**10. Handling-** Please check all that apply

	Enjoys	Tolerates	Dislikes	Will bite/scratch
Petting face/neck				
Petting lower back				
Touching tail				
Touching paws				
Touching stomach				
Owners picking up				
Owners holding				
Brushing				
Strangers petting				
Strangers picking up				

**11. How does your cat react to nail trims?**

- No Problem       Tolerates       Aggressive       Never tried

**12. Other cats**

Has your cat ever been exposed to other cats  Yes     No **(If yes, please see below)**

	Playful/ Friendly	Aloof/ Tolerates	Took time to warm up	Aggressive (please explain)
Grew up with another cat (since a kitten)				
Introduced a new cat to this cat in your home				
Met a cat at friends house				



Saw another cat outside from the window				
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13. If 2 cats are being surrendered together

**a) Do these cats:**  
 Play together    Sleep together    Groom each other    Just tolerate each other

b) Do you think the cats would do well in a cage together?    Yes    No

c) How long have the cats been living with each other? \_\_\_\_\_

d) Do you think the cats need to be re-homed together?    Yes    No

14. **Dogs**

Has your cat ever met or lived with a dog?   Yes   No **(If yes, see below)**

	Friendly	Aloof/ Tolerates	Took time to warm up	Hides	Aggressive (please explain)
Grew up with a dog (since a kitten)					
Introduced to a new dog in the home					
Introduced to a new dog in a different home					
Saw a dog outside					

15. **Children**

Has your cat ever met or lived with children?   Yes   No **(If yes, see below)**

	Friendly	Aloof/ Tolerates	Took time to warm up	Hid	Aggressive (please explain)
Grew up with children (since a kitten)					
New baby in the house					
Friends/family with children visited					
Stayed with another family with children					



## 16. **Play**

a) Does your cat like to play? Yes No

b) What type of play does your cat enjoy? (**Check all that apply**)

- |  |  |
|--|--|
| <input type="checkbox"/> Chasing things on the floor     | <input type="checkbox"/> Chasing things in the air |
| <input type="checkbox"/> Play with the owner             | <input type="checkbox"/> Plays independently       |
| <input type="checkbox"/> Likes to play rough with people |  |

c) Does your cat have a favorite toy? \_\_\_\_\_

d) How does your cat react to catnip? \_\_\_\_\_

## 17. **Feeding**

- |   |   |
|---|---|
| <input type="checkbox"/> Dry food left out all the time | <input type="checkbox"/> Measured amount once a day |
| <input type="checkbox"/> Dry & wet every day            | <input type="checkbox"/> Only wet/canned food       |

18. What brand/formula of food is your cat accustomed to?

a) Canned: \_\_\_\_\_

b) Dry: \_\_\_\_\_

c) Does your cat have a favourite treat? \_\_\_\_\_

19. I would describe my cat as:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Friendly           | <input type="checkbox"/> High energy | <input type="checkbox"/> Low maintenance     |
| <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Shy with new people |
| <input type="checkbox"/> Outgoing/confident | <input type="checkbox"/> Destructive | <input type="checkbox"/> Good with cats      |
| <input type="checkbox"/> Playful            | <input type="checkbox"/> Vocal       | <input type="checkbox"/> Good with children  |
| <input type="checkbox"/> High energy        | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Good with dogs      |
| <input type="checkbox"/> Lap cat            | <input type="checkbox"/> Night owl   | <input type="checkbox"/> Good with change    |

20. My cat is used to being left alone:

- Almost never       8 hours or less most days       8 hours or more most days

21. How does your cat react when going to the vet?

- Friendly & confident       Fearful/tense (but not aggressive)       Aggressive  
 Haven't taken to a vet

22. Describe your cat's behaviour when you first acquired it:



- Friendly
- Adjusted quickly
- Took time to adjust
- Fearful
- Aggressive

23. Has your cat bitten anyone in the last 10 days?  Yes  No

24. My cat would do well in a home with (check all that apply):

- Other cats
- Lots of people
- Lots of noise
- No dogs
- Quiet home
- Other animals (dogs, rabbits, etc)
- Little noise
- No other cats
- People always around
- Experienced owner
- Children
- Moderate noise
- No children
- Time for play
- Single person or couple

25. Is there anything else you would like to tell us about your cat?

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## Medical

1. Has your cat ever been to a vet?  Yes  No
2. Has your cat been vaccinated?  Yes  No When? \_\_\_\_\_
3. What is the name of the vet clinic used? \_\_\_\_\_
4. Has your cat had any medical concerns in the past?  Yes  No  
a) If yes, please describe: \_\_\_\_\_
5. Does your cat currently have any medical issues?  Yes  No  
a) If yes, please describe: \_\_\_\_\_
6. Has your cat ever been on medication?  Yes  No  
a) What type of medication? \_\_\_\_\_
7. Is it currently on medication?  Yes  No  
a) If yes, what medication? \_\_\_\_\_



8. Has your cat ever had any adverse reactions to medication or vaccines? Yes No  
a) If yes, which medication/vaccine, and what were the effects?

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9. Have you recently noticed any of the following:

- Changes in water consumption or urination
- Changes in appetite (eating more or less)
- Changes in energy level
- Sneezing
- Coughing
- Vomiting
- Diarrhea
- Difficulty urinating
- Bad breath
- Any dental concerns (e.g. gagging, drooling, red gums)
- Other:

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**FACILITATED ADOPTION ANIMAL BEHAVIOUR SUMMARY**

*To be shared with adopters, please do not include personal information*

**Date:** \_\_\_\_\_



**Pet's name:** \_\_\_\_\_ **Does he/she respond to his/hers name:**  Yes  No

**Diet**

4. What kind of food do you feed your pet?:  Only dry  Only canned  Mix of dry/canned  Special diet

Brand of food: \_\_\_\_\_

Frequency and amount of food fed: \_\_\_\_\_

5. What else does your pet eat? (Table scraps, treats, etc.) \_\_\_\_\_

**Indoor/Outdoor Habits**

6. My pet is used to living in a(n):  Apartment/condo  House with no/small yard  House with large yard  
 Farm or rural property

7. My pet is house or litter trained:  Yes  No  Sometimes

Comments: \_\_\_\_\_

8. On average, how many hours a day is your pet left alone?: \_\_\_\_\_

9. My pet gets \_\_\_\_\_ walks a day; for \_\_\_\_\_ minutes each time

10. When I'm not home, my pet is kept:  In a crate  Isolated to a room/basement  Loose in the house

Outdoors

Comments: \_\_\_\_\_

11. When it comes to furniture, my pet is:  Allowed on all furniture  Allowed on some furniture  
 Not allowed on furniture  Allowed on his/her own bed

Comments: \_\_\_\_\_

**Training/Behaviour notes**

12. My pet knows the following commands and has the following training:

\_\_\_\_\_

13. Behaviour concerns

Current behavior issues: \_\_\_\_\_

How have you been dealing with these behavior issues so far?:



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Current behavior issues: \_\_\_\_\_

How have you been dealing with these behavior issues so far?:

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**14.** Is there anything other information about your pet that you feel is important for their adopters to know?

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