

Ontario SPCA Provincial Education and Animal Centre Cat/Kitten Profile

Pet's Name: _____ Animal ID # _____ Arrival Date: _____

Approximate Age/Birthdate: _____ Gender: Male Female

Is the cat spayed/neutered? Yes No Not Sure

Does your cat have: Tattoo _____ Microchip _____

Is your cat declawed? Front All Not Declawed

Why are you surrendering your cat? _____

How long have you owned your cat? _____

Including yours, how many homes has this cat had? _____

Medical History:

Has this cat seen a veterinarian at least once per year? Yes No Not Sure

Is this cat current on annual vaccinations? Yes No Not Sure

Has this cat suffered any physical trauma or had surgery? Yes No Not Sure

If yes, please explain: _____

Has this cat been diagnosed with and/or treated for any of the following: *(check all that apply)*

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Upper Respiratory Infection | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other (please explain) _____ | | |

What is your cat's regular diet/brand? _____

Which does your cat eat? Dry Food Canned Food Both People food _____

How often is your cat fed? Food always available Designated mealtimes

Litter Box Habits: We ask so many questions about the litter box because it is the most common reason cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, or there may be more serious health or behavioral issues involved.

Did your cat have access to a litter box in the house? Yes No

Did your cat use the litter box? Yes No Sometimes

How often or when does the cat have soiling accidents? _____

Please describe the accidents:

- | | |
|--|---|
| <input type="checkbox"/> Urinates outside the box | <input type="checkbox"/> Urinates on clothing/furniture |
| <input type="checkbox"/> Defecates outside the box | <input type="checkbox"/> Sprays on walls |
| <input type="checkbox"/> All of the above | <input type="checkbox"/> Other _____ |

How would you describe your cat's behaviour most of the time? (check all that apply)

- Very active Friendly Shy Playful Affectionate Independent
 Aggressive Fearful Solitary

How does your cat like to play? (check all that apply)

- Plays gently, does not usually use teeth or claws
 Likes to play rough, may bite or scratch
 Likes to play with other cats
 Likes to play with dogs
 Not much interest in play
 Other _____

Which areas of your home did the cat have access to? (Check all that apply)

- Indoors only Outdoors only Indoors with access to outside
 In barn/shed Other (explain) _____

Does the cat do any of the following? (Check all that apply)

- Jump on counters/tables Scratch furniture Chew plants
 Scratch doors/cabinets Chew personal items Climb curtains

If this cat has lived with other cats, how did they interact? (check all that apply)

- Played together Groomed each other Peacefully coexisted
 Ignored each other Fought without injuries Fought with injuries
 Caused this cat stress Other _____

If this cat lived with dogs, how did they interact? (check all that apply)

- Slept near each other Played together Peacefully coexisted
 Fought with injuries Cat feared dog Ignored each other
 Caused this cat stress Other _____

If this cat lived with children under the age of 7, how did they interact? (check all that apply)

- Cat actively avoided child Child could pet the cat Cat & child played together
 Cat hissed or growled at child Other _____

Is this cat most comfortable with:

- Women Men Kids
 Teenagers Seniors Loves all people

Please provide any additional information about your cat that you feel would be helpful during this transition: _____

