

Cat and Kitten Rehoming Profile

Date:

Owner Information

Name:

Email:

Address with Postal Code:

Phone Number:

Cat Information

Cat's Name:

Breed:

Colour:

Age:

Gender: MALE

FEMALE

Spayed/Neutered: YES

NO

ID Type: Microchip

Tattoo

No ID

Reason for Rehoming:

History

If we could provide you with support (behaviour/supplies/other), would you be able to keep your cat?

YES

NO

Has your cat bitten or scratched any person or animal in the past 10 days? YES NO

***If "Yes" please fill out the "Bite History Profile" at the back of this package**

Has your cat ever been to a vet? YES NO

Are your cat's Vaccines up to date? YES NO

If "Yes", when was their last vaccine?

Does your cat currently have any medical issues? YES NO

If "Yes", please describe:

Have you recently noticed any of the following?

Seizures

Eye discharge

Bad breath

Sneezing

Diarrhea

Vomiting

Coughing

Difficulty urinating

Changes in water consumption/urination

Any dental concerns (e.g. gagging, drooling, red gums)

Other:

At the vet, my cat reacts:

Well

Nervous

Shutdown

Must be sedated

Aggressive

Has pre-visit medications

Never taken to the vet

Fearful/Tense but not aggressive

Has your cat had any out-of-box urinating or defecating? YES NO

If "Yes", please fill out the "Feline House Soiling Profile" at the back of this package

General Information

How long have you had your cat? _____ Rehomed in the past? YES NO

How did you acquire your cat?
 Pet Store Friend Newspaper/Internet Stray Breeder
 Shelter/Rescue Other: _____

How old was your cat when you acquired him/her?: _____

What kind of food do you feed your cat:
 Only dry Only canned Mix of dry/canned Special diet

Brand of food: _____

How is your cat fed? Free fed (left out all day) Once a day Twice a day

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

Do you allow your cat to be outside? YES NO
 If so, do you allow your cat to free roam without supervision or do you take your cat out on a harness?

My cat is used to be left alone:
 Almost never 8 hours or less most days 8 hours or more most days

Where is your cat's favourite place in the house?

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				

Does your cat like to play? YES NO Occasionally

If "Yes" what type of play does your cat enjoy?

Chasing toys on floor Playing with toys in the air Plays with Owner Plays independently
 Other: _____

Behaviour

I would describe my cat as:

Friendly	High energy	Calm	Playful
Affectionate	Aggressive	Lap cat	Hiding cat
Outgoing/confident	Destructive	Vocal	Fearful
Shy with new people	Low maintenance	Independent	Night owl

Children

My cat is used to:

Living with children	Visiting with children	Has never had contact
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My cat:

Enjoys being with children	Tolerates children	Is nervous of children
Is aggressive toward children		

Dogs

My cat is used to:

Living with other dogs	Visiting other dogs	Has never had contact
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My cat:

Enjoys being with other dogs	Gets very excited around dogs	Tolerates dogs
Is nervous of other dogs	Is aggressive towards dogs	

Cats

My cat is used to:

Living with cats	Visiting with cats	Has never had contact
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My cat:

Enjoys being with cats	Tolerates cats	Is nervous of cats	Chases cats
Is aggressive towards cats			

Strangers

Around **women** my cat does not know, he/she is:

Friendly	Nervous	Fearful/Avoids	Becomes aggressive
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Around **men** my cat does not know, he/she is:

Friendly	Nervous	Fearful/Avoids	Becomes aggressive
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New Environments

Describe your cat's behaviour when first coming home:

Friendly/Confident	Nervous/Fearful	Took time to adjust	Adjusted quickly
Hiding	Became aggressive		

Additional Information or Comments:

Release of Medical Information and Veterinary Records

I, _____, hereby request that _____
(Print Name) (Veterinary Clinic)
release any information pertaining to _____ contained in the
(Name of Animal)
veterinary records at the _____ to the Ontario SPCA.
(Veterinary Clinic)

Printed Name of Owner:

Signature of Owner:

Date:

Printed Name of Witness:

Signature of Witness:

Date:

Bite History Profile

Please complete this section ONLY if your cat has bitten in the past

Did the bite break skin? YES NO

If "Yes", was your cat quarantined by Public Health? YES NO

What were the circumstances surrounding the bite? (e.g. by food, at play time, cat was hiding, near people etc..)

What did your cat do before the bite occurred? (posture, attempt to leave, hiss, growl etc.)

Describe where on the body the bite was located.

Did the bite require medical attention? YES NO

If "Yes", please describe the treatment needed

Who was involved in the bite incident?

Man	Known	Unknown	
Woman	Known	Unknown	
Child (Age:)	Known	Unknown	

Other Animals:

Other:

Feline House Soiling Profile

Please complete this section ONLY if your cat is having issues with their litter box

History

What is the litter box issue?

Urinates outside the litter box

Defecates outside of the litter box

Both

How long has the cat be eliminated out of the litter box?

Does your cat ever use the litter box?

Yes

No

Occasionally

How often does your cat eliminate **outside** the litter box?

Every day

Every two days

2-3 times a week

Once per week

Other:

Does your cat frequently eliminate in the same place **outside** the litter box? If so, where?

Is the urine on vertical or horizontal surfaces? (e.g. is it urine or “spraying”)

Vertical

Horizontal

Both

Did any of the following changes occur in the cat’s environment/routine **BEFORE** the house soiling issues started?

Moving

Away for vacation

Loss of a pet in the home

Renovations

New family member in the home

New animal in the home

Storm or new loud sounds

Are there other animals in the home?

If “Yes”, is there any fighting, resource guarding or tension between them? Any changes with their relationship?

The Box

What type of litter do you use?

Clay

Clumping

Scented

Crystals

Newspaper Non-Clumping

Unscented

Corn/Wheat Based

Other:

What type of litter box do you have? Covered (with hood)

Self-Cleaning

Uncovered

How many litter boxes are available?

Where is/are the litter box(es) located?

How often is/are the litter box(es) scooped?

How often is/are the litter box full cleaned?

What have you used to clean the soiled areas?

Medical

Have you taken your cat to the vet for out-of-litter box elimination issues? YES NO

If "Yes", what tests have already been done at your own vet (e.g. urinalysis, blood tests, xrays etc)?

Did the vet prescribe any medication? YES NO

If "Yes" what is the medication? Duration? Did you notice a difference in litter box behaviour after taking?

Have you noticed any of the following since the litter box issues started?

Frequent trips to the litter box	Producing small amounts of urine	Very large stool	
Crying or vocalizing while eliminating	Soft stool, somewhat formed	Very firm or hard stool	
Straining to urinate	Blood in urine	Small and hard stool	Diarrhea
Large volumes of urine			

What have you tried already to resolve this issue? (ex. multiple boxes, changing litter, access to smaller areas of home, pheromones, etc.). Did any of these things help, make the problem worse?