

# Cat and Kitten Rehoming Profile

## Owner Information

Name:

Person Shelter Buddy ID:

Email:

Address

Postal Code:

Phone:

## Animal Information

Animal Name:

Animal ID:

Species/Breed:

Colour:

Age:

Gender: Male

Female

Spayed/Neutered: YES

NO

ID Type: Microchip

Tattoo No ID

Why do you need to rehome your cat? Please check all that apply.

	Abandoned/unwanted	i.e. Unwanted litter, Found, Too many animals
	Aggression towards people and other animals	i.e. Scratching, Biting, Growling, Hissing
	Behaviour and training challenges	i.e. Vocal, Anxiety/Destruction, House/Litter training, Chases other animals, Escapes
	Animal has passed away	i.e. Owner needs assistance with aftercare for pet who has passed away
	Euthanasia request	i.e. Euthanasia request by owner
	Expense/affordability	i.e. Sudden expenses for animal, Vet bills, Food, General care
	Health of animal	i.e. Illness, Injury, Pregnant, Unable to continue medical care
	Health of owner/family	i.e. Death of Owner, Illness, Allergies, etc.
	Housing	i.e. Loss of housing, Moving and unable to bring pet, Landlord issues, House fire, Choice between animal or rent/mortgage
	Lifestyle changes	i.e. Divorce/Separation, Marital conflict over animal, New baby, Career, School, Incarceration
	Not compatible/not a good fit	i.e. Animal is not compatible with owner's lifestyle or expectations, Personality, Children and animal don't get along, Wrong temperament, Animals in house don't like new animal

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

Has your cat BITTEN *in the PAST*?

YES

NO

**\*If you answered "Yes" to your cat biting, please fill out the "Bite History Profile" at the back of this package.**

**How would you describe your home?**

**Do you have children or adults living with you?**

Children

Adults

**If so, what ages?**

**Do you have any other pets in your home?**

YES

NO

**If yes, what type of animals and ages?**

**Has your cat ever been to a vet while in your care?**

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:**

**Is your cat currently on any medication?**

YES

NO

**If "Yes," please list:**

**When was the last dose of medication given?**

**When is the next dose due?**

**Were any doses of medication missed?**

YES

NO

**Have you recently noticed any of the following?**

Seizures

Eye discharge

Sneezing

Diarrhea

Vomiting

Coughing

Difficulty urinating

Changes in water consumption/urination

Dental concerns (e.g. Bad breath, gagging, drooling, red gums)

Other

**At the vet, your cat reacts: (select all that apply)**

Friendly

Aggressive

Nervous

Scared

Shut down

Must be sedated

Fearful

Has pre-visit medications

Never taken to the vet

Must be muzzled

## **General Information**

**How long have you had your cat?**

**Has your cat been rehomed in the past?**

YES

NO

**Have you done any training with your cat?** YES

NO

**What type of training? . (e.g. clicker training)**

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

**What brand of food do you feed your cat?**

**How is your cat's appetite?** Eats everything      Grazes      Picky

**How is your cat fed?** Free fed (food available all day)      Once a day      Twice a day      Other

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

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

If "Yes," please describe, include frequency and any steps you took to try to prevent it.

**Do you allow your cat to be outside?** YES      NO

**Is your cat allowed to free roam without supervision?** YES      NO      Confined/tethered

**Does your cat wear a collar or harness?** YES      NO

**On average, how many hours a day is your cat left alone?**

**When left alone your cat:** Sleeps/lays down      Play with toys      Calm      Shakes      Paces  
 Destructive      Has accidents      Drools      Vocalizes      Looks out the window  
 Unsure

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

**Does your cat like to play?** YES      NO      Occasionally

**What type of play does your cat enjoy?** Chasing toys on the floor      Playing with toys in the air  
 Playing with people      Playing independently      Other

**Tell us about how your cat feels about being handled or touched according to the chart below.**

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

## Behaviour

### How would you describe your cat?

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

### What best describes your cat's behaviour in each of the following situations

#### Children

Lives with children	Likes to visit children	No contact	Nervous	Aggressive
Enjoys children	Tolerates children			

#### Other Cats

Lives with other cats	Likes to visit cats	No contact	Chases	Aggressive
Enjoys other cats	Tolerates cats	Hyper and excited	Nervous	

#### Dogs

Lives with dog	Likes to visit dogs	No contact	Chases	Aggressive
Enjoys dogs	Tolerates dogs	Hyper and excited	Nervous	

#### Strangers – Unfamiliar Woman

Friendly	Nervous	Hyper and excited	Cautious	Aggressive
Fearful/Avoids				

#### Strangers – Unfamiliar Man

Friendly	Nervous	Hyper and excited	Cautious	Aggressive
Fearful/Avoids				

#### New Environments

Friendly/Confident	Nervous	Fearful	Hiding	Aggressive
Took time to adjust	Investigative	Adjusted quickly		

### How did you introduce your cat to new situations/people?

### Your cat is afraid of:

### What does your cat do when frightened? (e.g. growls, hisses, postures, attempts to leave, tries to bite)

### What equipment do you or have you used previously with your cat?

Flat collar	Body harness	Flat leash	Retractable leash	Long line
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Is there anything you feel we should know about your cat?

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**Release of Medical Information and Veterinary Records**

I \_\_\_\_\_ hereby request \_\_\_\_\_ release any information pertaining to  
(Print Name) (Veterinary Clinic)  
\_\_\_\_\_ contained in the veterinary records at \_\_\_\_\_ to the Ontario SPCA  
(Name of Animal) (Veterinary Clinic)  
and Humane Society

Printed Name of Owner: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

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. around food, at play time, cat was hiding, near people etc.)**

**What did your cat do before the bite occurred? (growl, hiss, posture, attempt to leave, 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 information:		