

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

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?

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:		