

Cat Personality Profile

OWNER CONTACT INFORMATION

Owner's Name _____

Branch of Service _____

Current Address _____

Home Phone _____ Work Phone _____

Other Phone _____ E-Mail _____

Local Contact (in Case Owner Is Unreachable) _____

Relationship to Owner _____

Current Address _____

Home Phone _____ Work Phone _____

Other Phone _____ E-Mail _____

PET INFORMATION

Name _____ Breed _____

Sex _____ If Male, Neutered? Yes/ No _____ If Female, Spayed? Yes/ No _____

Age _____ Color/Markings _____

License tag number: _____

Medical Information

Declawed? Yes/ No _____

Allergies _____

Heartworm Preventative? Yes/ No _____

Previous Living Environment

Inside? _____ Outside? _____

Good with Other Animals? Yes/ No _____ If Yes, What Kinds? _____

Good with Children? Yes/ No _____ If Yes, What Ages? _____

Personality and Habits

Litter Box Trained? Yes/ No _____ Type of Cat Litter Preferred _____

Under What Circumstances Will the Cat Exhibit Aggressive, Passive, or Fearful Behavior?

Favorite Games/Toys _____

Where Does the Cat Sleep? _____

Type of Bed _____

Has This Pet Bitten or Scratched Anyone within the Last 10 Days? Yes/ No

Feeding

Type of Food (Brand Name, Formula, Canned or Kibble) _____

Amount Fed and When _____

Type of Treats _____

Any Food Sensitivities _____

Grooming

Does the Cat Need Regular Grooming? Yes/ No

Where Do You Take Your Cat for Grooming? _____

Veterinarian information

Name of Doctor _____

Name of Practice _____

Address _____

Phone _____

Emergency Vet? _____

Be sure to attach a copy of vaccination records—in particular, proof of the last rabies vaccination.

Temporary Care Arrangement

Would Owner Like Regular Contact with Foster Home? Yes/ No

If Yes, What Is the Easiest Method of Contact? _____

Please attach any pertinent information to this sheet.

**THE HUMANE SOCIETY
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