



Inland Valley
Humane Society
& S.P.C.A.
A home away from home.

Pet Guardianship Program

Cat Personality Profile

Owner's Name: _____ Phone #: _____

Cat's Name: _____ Microchip #: _____

Breed: _____ Color: _____

Date of Birth/Age: _____ Male Female Altered: Yes No

Where did you get your cat? _____

How long have you been his/her guardian? _____

What type of food is the cat used to? Wet only Dry Only Wet & Dry

What brand(s) is the cat used to? _____

What is the cat's feeding schedule? _____

Is the cat accustomed to eating "human food"? Yes No

Is there any type of food this cat will not eat? _____

Is the cat allowed outside? Yes No

Where does the cat sleep? _____

Inside the home, is the cat:

- | | | | |
|--|---------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Litterbox trained | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Messy | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Playful | <input type="checkbox"/> Territorial | <input type="checkbox"/> Loud |

Please provide any additional comments you feel would be helpful for the terms you selected:

Does this cat get along with:

- Children: Yes No Unknown Dogs: Yes No Unknown
- Cats: Yes No Unknown

What is the name & address of the vet clinic that currently provides care for this cat?

Is the cat currently experiencing health problems, or had any in the past? Yes No

If yes, please explain: _____

Is the cat on medication now? Yes No If yes, please provide name, dosage, & schedule:

Is this cat afraid of anything? (thunder/cars/loud noises/etc.) _____

Does this cat respond to his/her name? Yes No

Does this cat enjoy being held? Yes No

Does she/he like to be groomed? Yes No

Is this cat used to having his/her nails trimmed? Yes No

Does she/he use a scratching post? Yes No If no, what is used instead? _____

At times, all cats act in an "aggressive" manner by using their teeth and claws. When is this cat most likely to do so? Please add any comments which would be helpful.

When playing _____

When around other animals _____

When being picked up _____

When cornered _____

Around children, this cat is:

Playful Shy Indifferent Relaxed Nervous Defensive

I would / would not recommend this cat for children.

Does this cat have any peculiar habits to watch for? _____

Favorite games/toys _____

Has this cat ever bitten anyone? Yes No If yes, under what circumstances? _____

For Office Use Only
Date Enrolled: _____
Staff _____