



Jackson County Animal Shelter

3370 Spring Arbor Rd · Jackson, Michigan 49203

Phone (517) 788-4464 · FAX (517) 780-4750



Feline Profile

Please fill out the following information to the best of your ability.

Information

Cat's Name/Nickname: _____ Age: _____

Sex: Male / Female / Unknown

Spayed/Neutered? Yes / No / Unknown

Is your cat declawed? Yes / No If yes: Front / Back / Both front and back paws

Breed: (list all known) _____

Primary Color: _____ Secondary Color: _____ Other: _____

Any special markings? (example: white paws) _____

How long have you had the animal? _____

Reason for surrender _____

Where did you get your cat? Friend / Shelter or Rescue / Breeder / Pet Store / Other _____

Behavior

Did your cat live with children? Yes / No If Yes: How old were the children? _____

How did it interact with the children? _____

Did your cat live with other cats? Yes / No If Yes: How many? _____ How long? _____

How did it interact with the other cats? _____

Did your cat live with any dogs? Yes / No If Yes: How many? _____ How long? _____

How did it interact with the dogs? _____

How did your cat interact with new guests in the home? _____

How is your cat's usual behavior? (check all that apply)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Friendly to Family | <input type="checkbox"/> Very active | <input type="checkbox"/> A clown | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Shy to family | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Talkative | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Quiet | <input type="checkbox"/> Lap cat | <input type="checkbox"/> Playful |
| <input type="checkbox"/> More like a dog | <input type="checkbox"/> Fearful | <input type="checkbox"/> Fearless | <input type="checkbox"/> Solitary |
| <input type="checkbox"/> Plays with toys | <input type="checkbox"/> Likes to be picked up | | <input type="checkbox"/> Does not like to be picked up |

Does your cat have any special qualities, tricks, characteristics that are unique?

How did your cat have access to it's food?

Free Feed (always have access to food) *or did you* Regulate meal times?

When did you give meals and how much? _____

When your cat is left alone, where is it typically located?

Outdoors / Free in the house / Confined to a room / Crated / Other: _____

Was your cat allowed outdoors? Yes / No **Was it harnessed or leashed?** Yes / No

Does your cat do any of the following? (check all that apply)

Jump on counters Scratch furniture Chew plants
 Scratch doors/cabinets Chew personal items Climb curtains
 Dig in the garbage Vocalize too much Other _____

Litter Box History

Please give as much detail and accurate information as possible.

Does your cat have 24 hour access to a litter box in the home? Yes / No

If no, did your cat use the bathroom outdoors? Yes / No Explain: _____

Is the litter box: Covered Uncovered

Is your cat particular about litter? Yes / No Preferred Brand? _____

Has your cat had any accidents in the house? Yes / No

If yes, please describe the accidents? (check all that apply)

Urinates in the house Sprays on walls/furniture
 Defecates in the house Urinates on clothing/furniture
 Urinates/defecates just outside litter box
 Other _____

How often was the litter box scooped? _____

Where was the litter box kept? _____

If you have other cats, how many shared a litter box? _____

If your cat has potty accidents, when did they begin? _____

*If litter box accidents were an issue, describe any measures taken to correct this problem:

*Has your cat been to the veterinarian to rule out infection or underlying health issues?

Yes / No If yes, what was the outcome? _____

Medical

Are there areas on your cat that it does not like to be touched? Yes / No

Please describe where: _____

What does your cat do when you touch these places?

Yelps / Cries / Bites/Nips / Lashes out / Afraid / Resists / Potty / Hides

Has your cat every had surgery? Yes / No

If yes, please explain: _____

Is your cat on a prescription diet or any medication? Yes / No

If yes, please explain: _____

How does your cat behave during visits to the vet? _____

Is there anything else we should know about your cat's medical history? _____

Other

Anything else you would like to tell us about your cat: _____

Thank you for filling out our feline profile. We will use this information to find the best possible home for your cat!

For office use only:

Animal ID # _____

Medical: please initial when complete

Bordetella _____ Flea Treatment _____ Deworm _____ DHPP _____

Size when full grown: Kitten - Small - Medium - Large - X-Large

Coat: Curly - Long Slinky - Long Thick - Medium - Short Flat - Short Thick - Wire

Ears: Cropped - Droopy - Drop - Erect - Rose - Semi-Erect

Tail: Bobtail - Curly Bushy - Curly Smooth - Long Bushy - Long Smooth - Long Wire - Short Smooth

Muzzle: Brachy Long - Long Beard - Medium - Short

Temper: Active Dull Friendly Timid
 Aggressive Fearful Hyperactive Unknown

Any Additional Information:
