ANIMAL WELFARE LEAGUE OF ARLINGTON
CAT PERSONALITY PROFILE

Pet’s Name _______________________________   Sex: Male/Female   Spayed/Neutered

Age _______ Breed ______________________________

How long have you had your cat? ____________________________________________

Where did you get the cat?  □ From AWLA   □ Found as a stray   □ Breeder   □ Pet Store
□ Friend/Relative   □ Ad in paper/internet   □ Other __________________________
□ From another shelter/rescue. If so which one? ________________________________

Why are you giving up this animal? ___________________________________________

What areas of your home did the cat have access to? (check all that apply)
□ Indoors only   □ Outdoors only   □ Indoors/Outdoors
□ Other __________________________________________________________________

How does your cat play? (check all that apply)
□ Plays gently, does not usually use teeth or claws   □ Plays rough, may bite or scratch
□ Likes to chase and pounce with a variety of toys   □ Learns tricks for treats
□ Not much interest in play   □ Likes to play with dogs
□ Likes to play with other cats   □ Ambushes ankles
□ Can entertain themselves
□ Other __________________________________________________________________

How active is this cat? Very active   Somewhat active   Low Activity

How vocal is this cat? Very vocal   Somewhat vocal   Non-vocal

Is there any part of your cat’s body that the cat doesn’t like you to touch? Paws _____ Tail ___ Stomach ___
 Doesn’t like to be held/picked up: ___ Other ________________________________

What does your cat do when he/she has had enough petting? ______________________

Does your cat enjoy (check all that apply):
□ Quiet time   □ People   □ Toys   □ Hiding   □ Being Alone   □ Other: ________________________________

Is your cat afraid of (check all that apply):
□ Being Alone   □ Cars   □ Water   □ Loud Noises/Thunder   □ Other: ________________________________

What best describes your home? Circle One
Busy: people always coming and going
Quiet: someone is always home
Empty: I am rarely home
Average: I am home and away 50/50
Interactions:
Please indicate below the number of people/other animals your cat lived with, and circle the statement that best describes how your cat interacted with those people/pets:

<table>
<thead>
<tr>
<th>Men #________</th>
<th>Women #________</th>
<th>Children (ages)</th>
<th>Strangers #________</th>
<th>Cats #________</th>
<th>Dogs #________</th>
<th>Other pets ______</th>
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Comments about Interactions with people/other pets: ____________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Negative behavior observed:
□ Biting people □ Scratching people □ Plays Roughly □ Ambushes and pounces
□ Anxious when left alone □ Cries at night □ Jumping on countertops □ Eats plants
□ Knocks things off shelves □ Dashes out doors □ Fights other cats □ Scratching furniture
□ Climbs curtains □ Other ______________________________________________________

Steps taken to resolve problem: □ Verbal correction □ Physical Correction □ Isolating in a room
□ consulted w/Vet □ Consulted with Animal Behaviorist
□ Used Feliway or other calming Pheromone product □ Other ______________________________________________________

Has this cat ever bitten a person? □ Yes □ No If yes, how many times? _______ When? ______________________

Did the bite(s) break the skin? □ Yes □ No □ Some

What were the circumstances? ________________________________________________________________

Has this cat been to a Veterinarian? □ Yes □ No If so, name of hospital? __________________________

We will call for Vet records. Which last name are they under? ________________________________________

Circle the adjectives that best describe this pet? Easy going Nervous Quiet Talkative Shy Friendly
Playful Active Goofy Sweet Affectionate Cuddly Lively Hyper Needy Fearful
Withdrawn Aloof Solitary Independent More like a dog Fearless Lap cat Mellow Bold

Please list any other information that you would like us to know about your cat:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Litter box Habits

Does your cat use the litter box regularly? □ Yes- always  □ Partial  □ No

If No or Partial please answer the following questions:

**Elimination and Litter Information**

1. Can your cat see other animals from inside your home?
   - Yes, describe (i.e., cats, birds at feeder, etc.):
   - No

2. If you have more than one cat, do they have different litter boxes? Y/N

3. Does your cat dig/bury after eliminating? Y/N

4. Does your cat eliminate outside of the litter box? If so circle which best applies.
   a. Urine, if urine is it on vertical or horizontal surfaces?
   b. Defecate
   c. Both

5. **How often?**
   - Few times a month
   - Few times a week
   - Daily
   - Multiple times daily

6. When is the cat most likely to defecate/urinate outside the litter box?

7. Are your cat’s accidents generally in the same place? _____ Yes _____ No

8. Where is your cat’s preferred elimination location?

9. Are there any appliances near the litter boxes that make noise? _____ Yes _____ No
   If yes, Please explain ______________________________________

10. How often is the litter box scooped?

<table>
<thead>
<tr>
<th>Litter box location</th>
<th>Type of litter</th>
<th>Type of box</th>
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• Liners used? Y/N
• Deodorizers used? Y/N
11. Average litter size in inches:

12. Indicate which of the litter boxes your cat prefers:

13. How often do you wash the litter box and what cleaning products do you use?

14. How long has the house soiling been occurring?
   Years:
   Months:
   Weeks:

15. What cleaners do you use to clean the soiled areas?

16. Describe the first incident:

17. Were there any changes in the household when the problem began?

18. Were there any changes associated with the litter or litter box when the problem began?

19. What do you think caused the problem?

20. What has been done so far to try and correct the problem?

21. Have you used any physical punishment in response to house-soiling (eg, rubbing nose, spanking, water spray, shouting, confinement)?

22. Are there any surface or location where your cat will not soil?

23. Has your cat been to the veterinarian to rule out infection or underlying health issues? □ Yes □ No
   If yes, what was the outcome?

24. Length of time spent trying to resolve problem: □ No time to try □ 1 week □ 1 month
   □ ____ months □ ____ years □ Other ________________________________

Revised 11/15