



**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:

Men # _____	Women # _____	Children (ages) _____	Strangers	Cats # _____	Dogs # _____	Other pets _____
Friendly	Friendly	Friendly	Friendly	Friendly	Friendly	Friendly
Cautious	Cautious	Cautious	Cautious	Cautious	Cautious	Cautious
Fearful	Fearful	Fearful	Fearful	Fearful	Fearful	Fearful
Submissive	Submissive	Submissive	Submissive	Submissive	Submissive	Submissive
Tolerates	Tolerates	Tolerates	Tolerates	Tolerates	Tolerates	Tolerates
Aggressive	Aggressive	Aggressive	Aggressive	Aggressive	Aggressive	Aggressive

Comments about Interactions with people/other pets: _____

Negative behavior observed:

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

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

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?

Litter box location	Type of litter	Type of box
1.		
2.		
3.		

- 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?

21. Length of time spent trying to resolve problem: No time to try 1 week 1 month
 ___ months ___ years Other _____