

# Caring Companions

## Cat Profile

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M/F Altered: Yes/No Declawed: Yes/No Front Claws/Back Claws/Both

Name and number of your veterinarian: \_\_\_\_\_

How long have you had your cat? \_\_\_\_\_ Where did you get your cat? \_\_\_\_\_

How many people currently live with your cat and what are their ages? \_\_\_\_\_

How does your cat interact with the people? \_\_\_\_\_

How often do children visit your home and how does your cat respond to them? \_\_\_\_\_

What other types of animals live with your cat and how do they interact? \_\_\_\_\_

Has your cat ever bitten a person and broken the skin? Yes/No

Was the bite: Aggressive/Fearful/Playful? Explain: \_\_\_\_\_

When is your cat allowed in the house? \_\_\_\_\_

When is your cat allowed outside? \_\_\_\_\_

Do you have an indoor/outdoor pet door? Yes/No If Yes, does your cat use the door? Yes/No

Is your cat litter box trained? Yes, always/Yes, sometimes/No Explain: \_\_\_\_\_

Have you ever clipped your cats nails? Yes/No How often? \_\_\_\_\_

How do you groom your cat? \_\_\_\_\_

Does your cat have a scratching post? Yes/No Does S/he use it? Yes/No

Does your cat have any existing health problems? Yes/No Explain: \_\_\_\_\_

Is your cat on any medications? Yes/No List: \_\_\_\_\_

What would make the ideal home for your cat? \_\_\_\_\_

Additional information that will help us rehome your cat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign here to confirm your enrollment in Woods Humane Society's Caring Companions Program:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Donation Amount: \$\_\_\_\_\_ Bequest\_\_\_ or Outright Gift\_\_\_

Name of executor of your will or trust: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Affix a color photo of your cat here:

