



# CACC CAT BEHAVIOR PROFILE

Cat's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender:  Male  Female  Unsure

Spay/Neuterd?

Yes  No  Unsure

Current Age: \_\_\_\_\_

Declawed:

Yes  No  Unsure

## About your Cat's History

Has your cat bitten or scratched anyone in the last 10 days?.....  Yes  No  Unsure

Has your cat ever bitten someone and broken skin?.....  Yes  No  Unsure

Date of last bite (if applicable): \_\_\_\_\_

If yes, please describe the circumstances surrounding the bite: \_\_\_\_\_

\_\_\_\_\_

How old was your cat when you obtained him? \_\_\_\_\_

From where did you obtain the cat? *(please circle)*

Found/Stray

Previous Owner

Rescue Group/Shelter

Breeder

Bred at home

Pet Store

## About your Cat's Habits

Where does your cat spend most of his time? *(please circle)*

Indoors Only

Outdoors Only

Indoors at night

In a shed

Indoors with access to outdoors

In garage or basement

## Housetraining

*Please Circle*

Uses a litterbox

Goes outdoors

Has occasional accidents

Has frequent accidents?  Yes  No  Unsure

Sprays?  Yes  No  Unsure

What kind of litter does your cat prefer? \_\_\_\_\_

## Feeding

What brand/type of cat food does your cat eat? \_\_\_\_\_

How much do you feed your cat? \_\_\_\_\_

How often do you feed your cat? \_\_\_\_\_

**Placement**

Would you recommend your cat be placed in a home with children?  Yes  No  Unsure

If yes, what ages? \_\_\_\_\_

Would you recommend your cat be placed in a home with other animals?  Yes  No  Unsure

*If yes, please circle all that apply:*

Other Cats Only	Dogs Only	Both Dogs & Cats
Rodents	Birds	Reptiles

Has your cat ever lived with other animals?.....  Yes  No  Unsure

*If yes, please circle all that apply*

Other Cats Only	Dogs Only	Both Dogs & Cats
Rodents	Birds	Reptiles

**About your Cat's Behavior**

Does your cat have any fears?.....  Yes  No  Unsure

*If yes, please circle all that apply*

Loud Noises      Vaccums      Thunder      Fireworks      Strangers      Water

What does your cat do when he's scared? \_\_\_\_\_

Does your cat have any behaviors for a new home to work on?  Yes  No  Unsure

*If yes, please circle all that apply*

Nipping      Scratching people      Scratching rugs or furniture

Other: \_\_\_\_\_

What are your cat's favorite toys and/or activities? \_\_\_\_\_

Please use the space below for any additional information you would like to share about your cat.

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