

DuPage County Animal Care & Control

Cat Behavior & Health Profile

Cat & Household Information

Cat's name _____ Sex Male Female Spayed or neutered? Yes No

Breed _____ Age _____ How long have you had your cat? _____

Is your cat declawed? Yes, front only Yes, all four paws No

Where did you get your cat?

DuPage County Animal Care & Control Friend/Relative Website/Newspaper

Breeder Pet Store Found Stray Other Shelter/Rescue _____

Why are you surrendering your cat? _____

Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0 - 3		
4 - 9		
10 - 17		
18 - 29		
30 - 59		
60 +		

List other pets in your household and describe their interaction with this dog.

Species	Breed or Size (lbs)	Age	Sex	Spayed/Neutered?	How does <i>this</i> cat respond?
				Yes / No	Enjoy / Tolerate / Ignore / Dislike
				Yes / No	Enjoy / Tolerate / Ignore / Dislike
				Yes / No	Enjoy / Tolerate / Ignore / Dislike
				Yes / No	Enjoy / Tolerate / Ignore / Dislike

Does your cat have any past or present medical conditions?

No

Yes (Please describe)

Typical Behavior (Your cat's typical behavior)

How does your cat usually behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid/ Hides	Growls	Swats	Bites	Ignores
People your cat knows							
Adults							
Children							
Unfamiliar people							
Adults							
Children							
Animals your cat knows							
Dogs							
Cats							
Small Animals (Rabbit, etc.)							

How does your cat usually react when you or someone else does the following?

	Never tried	Enjoys	Tolerant/ Allows	Afraid	Growls	Swats	Bites
Pet							
Brush							
Trim nails							
Pick up/Carry							
Touch/Look at ears							
Touch/Look at mouth							

How would you describe your cat's personality? (Check all that apply)

- Friendly Cuddly Laid back Independent Playful Shy
 Sassy Lap cat Active Calm Gentle

How does your cat like to play?

- Plays gently Likes to chase and pounce Plays rough, may bite or scratch
 Chases bugs Likes to play with other cats Likes to play with dogs
 Not interested in play Other (Please describe) _____

Does your cat do any of the following?

- Jump on counters
- Scratch furniture
- Chew plants
- Chew household items
- Climb curtains
- Attempt to bolt through open doors

Is there any place on your cat's body that it does not like to be petted? (Becomes overstimulated or upset)

- Yes (Please describe) _____
- No

Is your cat scared of anything?

- Yes (Please describe) _____
- No

Where have you allowed your cat to go?

- Indoors only
- Outdoors only
- Indoor & Outdoors

What areas of the house did your cat have access to?

- Free throughout the home
- Confined to garage or basement
- Limited access (Please specify) _____

When you or anyone else is home, where does your cat usually spend their time?

- In my lap
- Next to me
- In the same room
- Somewhere else

If this cat lived with other cats, how did they interact? (Check all that apply)

- Adored each other
- Played together
- Ignored each other
- Peacefully coexisted
- Fought
- Caused stress
- This cat disliked other cat(s)
- Other cat(s) disliked this cat

If this cat lived with dog(s), how did they interact? (Check all that apply)

- Adored each other
- Played together
- Ignored each other
- Peacefully coexisted
- Fought
- Caused stress
- This cat disliked dog(s)
- Dog(s) disliked cat

If your cat lived with children under the age of 10, how did they interact? (Check all that apply)

- Cat avoided child
- Played well together
- Ignored each other
- Child could pet
- Child played too rough
- Cat hissed or growled at child
- Cat swatted or bit child

How would you describe your household?

- Active
- Quiet

What are some of the cutest and nicest things about your cat?

Does your cat have access to a litter box in the house? Yes No

How many litter boxes did your cat have access to? _____

How often is the litter box scooped?

- Every day Every few days Weekly 2-3 times per month

Have there been times where your cat did not use the litter box to urinate and/or defecate?

- Yes No

If you answered no to the previous question, please continue on page 5.

If you answered YES to the previous question, please continue with this section.

Approximately how many times have you noticed that your cat **has not** used the litter box?

- 1 – 2 times 3 + Rarely uses the litter box

If accidents occurred regularly, when did they begin?

- Days or weeks ago In the past year Ongoing

Please describe these accidents (Check all that apply)

- Urinates next to the box Urinates on clothing/furniture Sprays throughout house
 Defecates next to the box Defecates in other parts of the house (Please specify) _____

What type of litter box did you use?

- Covered Uncovered High-sided Automatic

What type of litter did you use?

- Clumping Non-clumping Pellets Specialty (describe) _____

Where was the litter box located in your home? (Check all that apply)

- Bathroom Bedroom Laundry room Basement Garage Other _____

Have you consulted a veterinarian about this issue? Yes No

If yes, what did your veterinarian suggest? _____

If you have had your cat declawed, did he/she begin having accidents after this surgery? Yes No

Please list any changes in your home since your cat began having accidents? (i.e. baby, move, etc.)

Please describe any other methods you've used to remedy this issue?

Medical History

Does your cat see a veterinarian at least once a year?

- Yes No

Has your cat had any vaccinations in the last year?

- Yes (please list) _____ No

Please list your veterinarian's name and their clinic's name.

Veterinarian: _____ Clinic: _____

Check below if your cat has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Growls	Swats	Bites	None of these	Do not know
Exam						
Restrain						
Administer Shots						
Trim nails						
Haircut						

Is your cat currently on any medication or special diet?

- Yes (please describe) _____ No

What type of food does your cat eat? (Check all that apply)

- Dry Wet/canned Tuna Raw diet

Please feel free to tell us any additional helpful comments.

By signing below, I certify that the information I provided is accurate and truthful to the best of my knowledge.

Signature _____

Date _____

Print Name _____

Cat's Name _____

Reviewed by: (Staff Only) _____

Once complete, please save and email to: animal.control@dupageco.org