



Flathead County Animal Shelter

1035 1st Ave. W (mail)
225 Cemetery Rd. (physical)
Kalispell, MT 59901
(406)752-1310

www.flathead.mt.gov/animal



Incoming Cat Profile

Intake # _____

The following questionnaire provides us with information about how your cat behaved in many different circumstances while he or she was living with you. Because your cat is likely to behave in similar ways in his/her new home, this information will help us find the most suitable home for your cat and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

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

Signature _____ Date _____

Print Name _____

Address _____ City _____ Zip code _____

Mailing Address _____ City _____ Zip code _____
(if different from physical address)

Owner Telephone Number(s) _____

Reason for Surrender: _____

Name of cat: _____ Age: _____ Sex: M F Unknown

Type of cat: Domestic shorthair Medium hair Longhair

Color of cat: _____

This cat is: Spayed Neutered Unknown Declawed Front Back

How long have you owned this cat: _____

Where did you get this cat: _____

The cat's diet is: Canned Dry Canned and dry

This cat is: litter box trained goes outside

This cat lives: strictly indoors inside and outside strictly outside

Is this cat allowed on furniture? Yes _____ No _____

This cat has lived in the same household with : cats dogs caged birds kids
0-10 Kids 11-18 No Kids

If cat lived with dogs: size: small medium large

Age of dog: 6mo-1yr 3-7yr 7-older

Please check as many of the following that best describes your cat:

- | | | |
|---|--|---|
| <input type="checkbox"/> Likes to talk | <input type="checkbox"/> Likes being held | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Gentle | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Rides well in car | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Great Mouser | <input type="checkbox"/> Enjoys being groomed |
| <input type="checkbox"/> Lap cat | <input type="checkbox"/> Dislikes other cats | <input type="checkbox"/> Dislikes dogs |
| <input type="checkbox"/> Feisty /active | <input type="checkbox"/> Drools | <input type="checkbox"/> Couch potato |

What are the cats favorite toys? _____

Name of the cat's veterinarian _____

Date and type of most recent vaccination/medication(s) _____

Has this cat ever shown aggression to people (if yes please explain):

Please list any illnesses or injuries that the new guardian of this cat should be

aware of _____

Would it be OK for the new adopter to contact you with questions about this cat?

- Yes No

Thank you for taking time to fill out this form completely and accurately. This information will help us make the best match possible with potential adopters.