

About Me!

Date: _____

This is a profile about your pet that gives Griffin Pond Animal Shelter the information to ensure we find the best match, foster, or adopter for your pet. This information is vital in making sure your pet goes to a home that fits this pet's unique personality. Every pet is different and the Griffin Pond Animal Shelter tries to find homes that would best fit the pet's personality. With this information, this allows us to find those homes quicker and shortens a pet's length of stay in a shelter!

General Information

Cat's Name: _____ How long have you had the pet: _____

What is your reason for rehoming/returning the pet?:

Where did you get your pet from?: GPAS Breeder Pet Store Family/Friends/Neighbor
 Stray that you kept Stranger/Social Media Adopt-A-Pet/PetFinder
 Other Shelter: _____ Other: _____

Medical

Please list the vets that your pet has been to:

Is your cat on a special diet? Yes No
If yes, please list your pet's special diet:

Does your pet have any health concerns? Yes No
If yes, please list your pet's health concerns:

Is your cat declawed? No Yes, Front Yes, front and back If yes, when was it done?

In The Home

How was the pet introduced into your home at first? Entire house Bedroom Crated
How long did it take for your pet to adjust to your home/new environments?:

What changes have you seen since your first brought your pet in your home vs when your pet is adjusted? Please go into detail:

Where is your pet allowed? Please check all that applies: Inside the house Outside the house, roam free in the neighborhood Outside only when supervised Other: _____

If both, how long does your pet stay outdoors?: _____ Indoors?: _____

How many hours a day was the pet usually unattended to? _____

If the pet likes toys, what toys are their favorites? _____

How does the pet react to strangers coming to the door or into the house?

Is your cat allowed on furniture? Yes No

Does your pet scratch the furniture? Yes No

Outside The Home

While in the car is the Pet: Free Roaming Crated Other: _____

How does the Pet do in the car? (Just lay down? Meowing? Panting? Etc.):

Training/Play Preferences

Is the pet litterbox trained? Yes Still training No

What treats are your pet's favorite?:

How does your pet show affection/ ask for affection?:

Please go into detail how your pet initiates play time? (Do they grab a toy, Stare at you, run back and forth, etc.):

When does your pet initiate play time? (After dinner, when you first get home, before bed, ec.):

General Behavior

Please check what your pet has been around: Children Dogs Other Cats

If children were checked:

- Did the pet live with children? Yes No
- Please describe how the pet reacted with them?

- What were the children ages? _____

If dogs were checked:

- Did the pet live with dogs? Yes No
- Please describe how the pet reacted with them?

- What were the dogs ages?: _____
- How did they meet? (check all that apply) On leash Through barrier Off leash
- Please check what size dogs they were: Large Medium Small Micro

If other cats were checked:

- Did the pet live with other cats? Yes No
- Please describe how the pet reacted with them?

- What were the cats ages?: _____

- How did the cats react when sharing food?: _____

- Has your dog ever got into an altercation with another dog? Yes No
- Please describe the altercation(s)?

Has your pet ever bitten anyone before? Yes (people) Yes (Other pets) Yes (Both) No

If the answer is yes, how many times has your pet bitten? _____

Please go into detail of each situation that occurred that caused your pet to do this. Also please give the dates that each bite has occurred (if you do not remember when, month is okay):

Has your pet ever: Hissed Swatted Scratched

If your pet has done anything that is listed please go into detail of the situation that occurred that caused your pet to do this:

GPAS Use Only

Pet's Name: _____ Date: _____ In PetPoint? _____ Staff Initials: _____