

Cat Profile

General Information

Client's Name: _____

Cat's Name: _____

Breed: _____

Weight: _____

Sex: M F

Color/Markings: _____

Birthday/Age: _____

Microchip or Tattoo ID (if applicable): _____

Where did you get your cat? _____

How long have you had your cat? _____

Medical History

Spayed/Neutered: Yes No

Does your cat have any special medical conditions or allergies? Yes No

If Yes, please explain: _____

Other health concerns (please list illnesses, operations, etc. in the last 6 months): _____



Health Information

* Rabies Yes No Expiration Date _____

Flea or Tick Prevention: Yes No

Frequency _____ Brand _____

Heartworm Prevention: Yes No

Frequency _____ Brand _____

Does your cat take any other medication? _____

Veterinary Information

Hospital Name: _____ Doctor's Name: _____

Address: _____ Phone Number: (____) _____

Behavioral and Social Skills

What is your cat's attitude towards strangers (check all that apply):

Excited Friendly Aloof Cautious Stressed Scared

Defensive Indifferent Mean

Has your cat ever acted aggressively towards anyone? Yes No

If Yes, please explain: _____



Do you have any special instructions for handling your cat? _____

Favorites

What kinds of toys and games does your cat like? _____

What are your cat's favorite spots to be petted or rubbed? _____

Are there any sensitive areas on your cat that should not be touched? _____

How often is your cat brushed and is it a happy experience for him/her? _____

Is your cat allowed treats and what is the limit per day? _____

Does your cat have any favorite hiding places at home? _____

Feeding Instructions

Type of food: Soft Dry Mixed Brand: _____

Cups per meal (based on 2 meals per day): _____

