



*a pet . . . a special member of the family*

**CAT PROFILE**

Cat's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female

Spayed / Neutered De-clawed Yes  No  Breed: \_\_\_\_\_

Color / Markings \_\_\_\_\_

Is your cat vaccinated against rabies? Yes  No  Tag Number: \_\_\_\_\_

Date rabies shot expires: \_\_\_\_\_

Is your cat an indoor cat only? Yes  No  If allowed outdoors, where and how long? \_\_\_\_\_

Is your cat shy to strangers? Yes  No  Preference (children/adults, etc): \_\_\_\_\_

Likes to be petted? Yes  No  Preference: \_\_\_\_\_

What frightens your cat? Specify all: \_\_\_\_\_

Does your cat bite? Yes  No  Other signs of aggression? Yes  No

Specify: \_\_\_\_\_

Is your cat prone to hairballs? Yes  No

Where and how many litter boxes are available? \_\_\_\_\_

Does your cat have favorite toys? Yes  No  Hiding Places? Yes  No

Where? \_\_\_\_\_

What will bring your cat out of hiding? \_\_\_\_\_

Does your cat have any medical condition? Specify regime: \_\_\_\_\_

Indicate anything else about your cat's habits/behavior that would be useful to us in providing loving professional care: \_\_\_\_\_

Pet feeding Instructions (including snacks): \_\_\_\_\_

Preferred Veterinarian: \_\_\_\_\_ Ph # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date