



## CAT'S PROFILE FORM

### CLIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please list those whom are authorized to pick up your cat:

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Veterinarian:

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PET GUEST INFORMATION

Cat's Name: \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age/Birthdate: \_\_\_\_\_

### Check where appropriate:

Male     Female     Spayed     Neutered     Unaltered

Is your cat litter box trained?  Yes  No

## MEDICAL HISTORY

Is your cat currently taking any medications?  Yes  No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A  
MEDICATION ADMINISTRATION FORM FOR EACH PET**

Has your cat been ill in the last 30 days?  Yes  No

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach?  Yes  No

Does your cat have any previous or current injuries, physical problems or health concerns, including allergies?  Yes  No If yes, please explain: \_\_\_\_\_

Does your cat have any physical restrictions while playing, or sensitive areas on the body?  Yes  No

If yes, please explain: \_\_\_\_\_

## VACCINATION RECORDS

**Please list the current expiration dates for the following vaccinations:**

Rabies \_\_\_\_\_ FVCRP \_\_\_\_\_ FELV \_\_\_\_\_

Is your cat currently on a flea preventative medication?  Yes  No

If yes, name of brand used: \_\_\_\_\_ Date it was last given: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONALITY

**Please check all answers that describes your cat's personality:**

- Outgoing  Timid  Affectionate  Reserved  Feisty  Friendly  Independent  Playful  
 Confident  Submissive  Clingy  Gentle  Other: \_\_\_\_\_

**Please check all answers that describes your cat's attributes:**

- Likes to scratch  Fears noises  Meow's excessively  Verbally sensitive  Separation anxiety  
 Low activity level  Medium activity level  High activity level  Other: \_\_\_\_\_

**I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the cat subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_