



## CAT PROFILE FORM

Page 1 of 2

### CLIENT INFORMATION:

Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT:

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

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

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

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

### VETERINARIAN:

Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Does your Vet offer emergency services? Yes No Emergency Phone #: \_\_\_\_\_

### CAT'S INFORMATION:

Name: \_\_\_\_\_ Primary Breed/Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Neutered/Spayed: Yes No

Litter box trained (circle one): Yes No Brand name of cat food: \_\_\_\_\_

### MEDICAL INFORMATION:

Is your cat currently taking any medications (circle one): Yes No

**\*\*If you circled yes, you will need to fill out and sign a Medication Administration form for each pet.\*\***

Has your cat been sick in the last 30 days (circle one): Yes No

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach (circle one): Yes No

Does your cat have any previous or current injuries, physical problems or health issues (circle one): Yes No

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

\_\_\_\_\_  
\_\_\_\_\_



## CAT PROFILE FORM

Page 2 of 2

Does your cat have any physical restrictions or sensitive areas on the body (circle one): 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/tick preventative medication (circle one): Yes No

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

### PERSONALITY TRAITS:

Please circle the traits listed below that BEST describe your cat's personality:

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

Please circle all answers below that BEST describe your cat's attributes:

Likes to scratch Fears noise Meows Excessively Verbally Sensitive Separation Anxiety  
Activity Level (circle one): Low Medium High

**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: \_\_\_\_\_