

CAT INFORMATION SHEET

Please fill in the information to the best of your knowledge

Client Name: _____

Cat's Name: _____

Age: _____

Breed: _____

Color/Markings: _____

Sex: M or F _____ Neutered / Spayed _____

Rabies tag #: _____

Date rabies shot expires: _____

Feeding:

What kind of food/s does your cat eat?

When does your cat eat?

Special feeding instructions:

Medication:

Is your cat on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept.

Other:

Is your cat allowed outdoors?

Does your cat have favorite toys?

Does your cat have favorite hiding places?

Is there something that will bring your cat out of hiding (the sound of the can opener or treat jar, for example)?

Traits:

Please answer the following brief questionnaire about your cat. It will help us to better care for him/her:

Declawed? YES / NO

Tries to escape? YES / NO

Will not eat when stressed? YES / NO

Prone to hairballs? YES / NO

Skittish with strangers? YES / NO

Uses the litter box reliably? YES / NO

Fearful of loud noises? YES / NO

Likes to be petted? YES / NO

Likes to be held? YES / NO

Has the cat bitten anyone? YES / NO

Other signs of aggression? YES / NO

Please indicate anything else about your cat's habits or behavior that would be useful to us in providing care:
