

CAT INFORMATION SHEET

Client Name: _____

Cat's Name: _____

Date of Birth: _____

Breed: _____

Color/Markings: _____

Sex: (M or F) _____ Neutered / Spayed _____

Declawed? (Yes or No) _____

If declawed: Front Paws only or all 4? _____

Is your cat current on vaccinations? (Yes or No) _____

Vaccination date: _____

If not, when was the last time your cat was vaccinated?

____ Less than 2 years ago ____ Between 2-5 years ago ____ As a kitten ____ Never

Feeding:

What kind of food/s does your cat eat?

When & how often does your cat eat?

Special feeding instructions:

Medication:

Is your cat on any medications that must be administered? (Yes or No) _____

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)?

How often do you Scoop your litter box(s)?

How often do you completely change the litter in your litter box(s)?

Traits:

Please answer the following brief questionnaire about your cat. It will help us to better care for him/her. Please answer Yes or No and elaborate if needed.

Tries to escape?

Will not eat when stressed?

Prone to hairballs?

Skittish with strangers?

Uses the litter box reliably?

Fearful of loud noises?

Likes to be petted?

Likes to be held?

Uses their claws?

Has the cat bitten anyone?

Other signs of aggression?

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

