



## Cat Profile



## General Information

How Did You Hear About Us? \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Phone Numbers: ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_ (C) Email \_\_\_\_\_

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

Cat's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Cat's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Has your cat lived with you less than a month? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ Number ( ) \_\_\_\_\_

Veterinarian's Name, Addr. Phone No. \_\_\_\_\_



## Diet

Will you bring your cat's food to The Velvet Snout? Yes \_\_\_\_\_ No \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Amount per feeding: \_\_\_\_\_

How many times a day would you like your cat fed? \_\_\_\_\_

How food is served: Soaked \_\_\_\_\_ Dry \_\_\_\_\_ Warm \_\_\_\_\_ Other (specify) \_\_\_\_\_

Are there any treats your cat may not have? \_\_\_\_\_



## Medical

What is the current health condition of your cat? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_

Does your cat have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please describe any genetic conditions currently affecting your cat: \_\_\_\_\_

Has your cat been diagnosed with any communicable disease, bacteria or parasite in the past 30 days?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

When was your last Veterinarian visit? \_\_\_\_\_

Does your cat have a problem with fleas? Yes \_\_\_\_ No \_\_\_\_

What flea/parasite control do you use? \_\_\_\_\_

Does your cat have any old or current injuries or health concerns? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

Is your cat taking any medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please name the medication(s) and reason(s): \_\_\_\_\_

Does your cat engage in any unusual or repetitive behaviors? Yes \_\_\_\_ No \_\_\_\_

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



## Behavior

Has your cat been boarded before? Yes \_\_\_\_ No \_\_\_\_

How did they behave? \_\_\_\_\_

How long have you had your cat? \_\_\_\_\_

Where did you get your cat? \_\_\_\_\_

If adopted, do you have knowledge of your cat's history? Please describe: \_\_\_\_\_

Circle all that describe your cat's personality: Outgoing / Verbally Sensitive / Timid / Affectionate / Pushy /

Independent / Reserved / Confident / Submissive / Clingy / Excitable / Playful / Gentle / Mouthy

Is your cat's activity level: Low / Medium / High