



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 ____

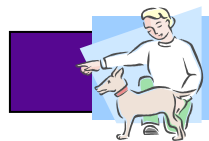
If yes, please describe: _____

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