



Cat Information

Client Name:		Pet Name:	
Age of Pet:		Breed:	
Color or Markings:		M or F	Neutered - Spayed
Rabies Tag #:		Vet Name	

Feeding:

What kind of food does your cat eat?

When does your cat eat?

Special feeding instructions:

Medications:

Is your cat on any medication that must be administered?

Yes No

If yes, please describe the name, dosage, special procedures and the location of the necessary supplies:

Your pet's traits

Is your cat allowed outdoors? Yes No

Does your cat have favorite toys? Yes No

-Please describe:

Does your cat have favorite Yes No

hiding places?

-Please describe:

-Is there something that will bring your cat out of hiding (sound of a can opener, etc.)?

Is your cat skittish with strangers? Yes No

Uses a litter box reliably? Yes No

Is your cat declawed? Yes No

Has the cat bitten anyone? Yes No

Tries to escape? Yes No

Other signs of aggression? Yes No

Will not eat when stressed? Yes No

Fearful of loud noises? Yes No

Prone to hairballs? Yes No

Likes to be petted? Yes No

Likes to be held? Yes No

Please indicate anything else about your cat that would be useful to us in providing care: