



## CAT INFORMATION FORM

Cat's Name:	Breed:	Color / Markings:	
_____	_____	_____	
Age:	Birth Date:	Sex:	Neutered / Spayed?
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rabies Tag #:	Rabies Expiration?	Micro-chipped?	Animal License No.?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>FEEDING:</b>			
What Kind of Food(s) Does Your Cat Eat?		When Does Your Cat Eat?	
_____		_____	
_____		_____	
Special Feeding Instructions:			
_____			
_____			
<b>MEDICATION</b>			
Is your cat on any medication that must be administered? If yes, please fill out the <b>Medical Waiver</b> and attached <i>Instructions for Dispensing Medications, Effects of Medication and Emergency Information</i> .			
<b>OTHER</b>			
Is Your Cat Allowed Outdoors/Indoors? _____			
Does Your Cat Have Favorite Toys? _____			
Does Your Cat Have Favorite Hiding Places? _____			
_____			
Is There Something that Will Bring Your Cat Out of Hiding (e.g., the sound of a can opener or treat jar for example)? _____			
_____			



## CAT INFORMATION FORM (CONTINUED)

### TRAITS

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

- |                             |  |                               |  |
|-----------------------------|--|-------------------------------|--|
| Declawed?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tries to Escape?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will Not Eat When Stressed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Prone to hairballs?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skittish with Strangers?    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Uses the litter box reliably? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fearful of Loud Noises?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Likes to be petted?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Likes to be Groomed?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever Bitten Anyone?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Signs of Aggression?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |  |

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

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