



## YOUR CAT'S PROFILE (Please complete this form for each cat in your household.)

Cat's Name: \_\_\_\_\_ Sex: M F Age/Birthday: \_\_\_\_\_ Color/Breed/Description: \_\_\_\_\_

Cat's Nicknames: \_\_\_\_\_

Veterinarian Preference: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Veterinarian Address: \_\_\_\_\_

Is your veterinarian aware that you will be using The Cat's Pajamas? No, will notify Yes, have notified IN WRITING

Is your credit card on file with your preferred veterinarian? Yes No THIS IS HIGHLY RECOMMENDED

If your vet is unavailable may we use another vet or emergency vet clinic? \_\_\_\_\_

How long have you had this cat? \_\_\_\_\_ Does your cat have health insurance? \_\_\_\_\_

Does your cat allow you to brush or groom it? Yes No Is your cat spayed or neutered? Yes No

Is the cat microchipped? If so, list chip company, phone # and ID # \_\_\_\_\_

Is there a digital ID tag? If so, list company and website: \_\_\_\_\_

How does cat react to your absence from home? \_\_\_\_\_

Does your cat have any hiding places? \_\_\_\_\_

Does your cat like to walk outside on a harness? Yes No If yes, please describe? \_\_\_\_\_

How does your cat react toward strangers? \_\_\_\_\_

How does your cat react to other pets; e.g., any in-house grumbling or fighting? \_\_\_\_\_

Are you aware of any reason I should approach your cat with caution? \_\_\_\_\_

Does your cat have any contagious illness? \_\_\_\_\_

Does your cat have any physical conditions or problems I need to be alert to? \_\_\_\_\_

List any special attention these conditions or problems may require: \_\_\_\_\_

\_\_\_\_\_

Is there anything your cat potentially dislikes/reacts to; e.g., males, long hair, thunderstorms, etc. \_\_\_\_\_

Has your cat ever bitten or scratched anyone, animal or human? \_\_\_\_\_

Is your cat allowed free run of home's interior or contained in room or area? \_\_\_\_\_

Has your cat been vaccinated for rabies? Yes No Approx. date of last vaccination: \_\_\_\_\_

Does your cat have its own carrier? \_\_\_\_\_

What is your cat's feeding schedule? Free Fed A.M. Only P.M. Only A.M. and P.M. Fed Pet Food Brand: \_\_\_\_\_

Can your cat have treats? Yes No What kind? \_\_\_\_\_ How Often? \_\_\_\_\_

Is your cat declawed? Yes No Does your cat have paw issues due to declawing? Yes No \_\_\_\_\_

Is there any additional information about your cat you would like to share? \_\_\_\_\_

\_\_\_\_\_

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