

# CAT PROFILE

Name \_\_\_\_\_ Male / Female

City License Number \_\_\_\_\_ Spayed / Neutered: Y / N

Breed \_\_\_\_\_ Micro-chipped: Y / N

Age/DOB \_\_\_\_\_ Declawed: Y / N

Color(s) \_\_\_\_\_

Distinguishing features \_\_\_\_\_

Favorite toys/games \_\_\_\_\_

Food allergies/restricted foods \_\_\_\_\_

Major medical conditions (past or present) \_\_\_\_\_

Medications (name, dosage, frequency) \_\_\_\_\_

Any limited or impaired sensory functions (deaf/blind) \_\_\_\_\_

Any behavioral concerns or issues (storm phobias, separation anxiety, etc.)  
\_\_\_\_\_

Cat Litter Box trained Y / N

Food Type, brand/amount \_\_\_\_\_

How often? \_\_\_\_\_

Is your cat indoor/outdoor/both \_\_\_\_\_

**INITIAL HERE X** \_\_\_\_\_