

Date:

PET PROFILE

If there are any health conditions that your cat has, please provide any information required as well as any medication that they may need and please be sure to fill out the Medicine Schedule Form (can be found on the website or emailed)

Personality

Cuddly/Affectionate

- Yes
- No
- Sometimes

Are they shy/nervous?

- Yes
- No
- Under certain circumstances (people, other pets, etc)

Takes time to warm up?

- Yes
- No

Doesn't Mind Being Picked Up

- Yes
- No
- Sometimes (ie. when they want to, certain times of the day)

Does Fine with visitors at home

- Yes
- No
- Sometimes (ie. depending on the situation)

Health and Habits

Any History of vomiting or hairballs?

- Yes
- No
- Sometimes (ie. if they eat too fast, too much etc.)

Any Coughing or Sneezing

- Yes
- No
- Sometimes

Do Eyes Water/Have Discharge

- Yes
- No
- Sometimes

Does your cat have any triggers that cause them to bite and/or scratch?

- Yes
- No

If Yes please describe:

Please Describe any health condition/ or any other issue to be aware of: