



CAT INFORMATION SHEET (Please fill out one form for EACH cat)

Your name:

Cat's name (and nicknames):

Age: Sex: M or F Neutered/Spayed?

Color/Markings/Breed/Hair length/identifying characteristics:

Microchipped?

Feeding:

What kind of food/s and amounts does your cat eat? Do you give your cat treats?

When does your cat usually eat?

Any special feeding instructions:

Medication:

Is your cat on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication.

Other

Is your cat allowed outdoors?

Does your cat have favorite toys?

Does your cat have favorite hiding places?

Is there something that will bring your cat out of hiding (the sound of the can opener or treats, for example)?

Traits:

Please answer the following brief questions about your cat. They will help me to better care for him/her:

Tries to escape? YES / NO

Will not eat when stressed? YES / NO

Prone to hairballs? YES / NO

Nervous with strangers? YES / NO

Uses the litter box reliably? YES / NO

Likes to be petted? YES / NO

Likes to be held? YES / NO

Likes to be brushed? YES / NO

Has the cat ever scratched/bitten anyone? YES / NO

Location of food in your house (pantry, fridge, etc):

Location of water and food bowls:

Location of litter box(es):

Location of medication (if applicable):

Please tell me ANYTHING else about your cat's habits or behavior that would be useful to me in providing care and making your cat more comfortable: