



Just for Meows

Cat Information Sheet

If you have more than one cat please fill one out for each cat

First Name:			Last Name:			Cat Name:		
Age:		Breed:			Color/Markings:			
Sex:		Neuter/Spay?:		Declawed?		If Declawed?		
<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Front paws	<input type="checkbox"/> 4 paws	
Vaccinations current?			If not, when was the last time your cat was vaccinated?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Less than 2 years ago						
Vaccination date:			<input type="checkbox"/> Between 2-5 years ago					
			<input type="checkbox"/> As a kitten		<input type="checkbox"/> Never			
Veterinarian's Name						Vet Phone Number		
Feeding: What kind of food(s) does your cat eat?						When does your cat eat?		
Special Feeding Instructions:								
Medication: Is your cat on any medications that must be administered?								
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept:								
Other: Is your cat allowed outdoors?				Are there rooms forbidden to your cat?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
What are your cat's favorite toys?				What are your cat's favorite hiding places?				
Is there something that will bring your cat out of hiding (like can opener sound or special call?)								



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How often do you clean your litter box(es)?

Traits: Please answer the following brief questionnaire about your cat. It will help us to better care for them.

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 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 held?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Uses their claws?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cat 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:
