



CAT MEDICAL AND PERSONALITY PROFILE

Please answer as completely and precisely as you can. Please use a separate form for each animal.
Truthful answers will not affect your status as a PAWS client.

Client Name: _____
Pet's Name: _____
Breed: _____
Color: _____
Sex: ___ M ___ F
Spay/Neuter: ___ Yes ___ No
Approximate Date of Birth: _____
Approximate Weight: _____

Veterinarian

Name of Veterinarian: _____
Name of Clinic: _____
Address: _____
Phone Number: _____
Approximate Date of Last Visit: _____

Does your pet have an ongoing medical condition? ___ Yes ___ No
If yes, please explain _____
Is your pet currently taking medication? ___ Yes ___ No
If yes, what type? _____
Date of last fecal examination _____

PLEASE, contact your veterinarian for the following information:

Vaccinations

Cats:
Last FVRCP (Distemper) (date) _____
Last RV (Rabies) (date) _____
Last FeLV (Feline Leukemia) (date) _____

FeLV (Feline Leukemia) status:

_____ positive negative untested

FIV status:

_____ positive negative untested

Cat Personality Profile continued...

Diet Does your pet require a special kind of food? ___ Yes ___ No
If yes, please describe the special dietary requirements _____

_____ If yes, was this recommended by your veterinarian? ___ Yes ___ No

How often is your pet fed? _____

What type of food and feeding schedule is the cat used to?

Wet _____ Brand _____ Dry _____ Brand _____

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Schedule _____

Is there any type of food this cat will not eat?

Behavior Cat is: Litter trained _____ Occasionally has accidents _____
 Sprays in the house _____ Goes outside _____
 Type of litter used: _____
 The cat lives: Strictly indoors _____ Outside _____
 Inside and outside at will _____
 If let outdoors, how does the cat ask to go outside? _____

Check as many of the following that describe your cat's behavior and habits:

_____ Meows a lot	_____ Uses scratching post	_____ Independent
_____ Scratches furniture	_____ Rides well in cars	_____ Playful
_____ Claws/bites playfully	_____ Likes being groomed	_____ Sedate
_____ Fights with cats	_____ Hunts rodents/birds	_____ Likes being held
_____ Walks on leash	_____ Shy of strangers	_____ Outgoing/friendly
_____ Feisty and active	_____ Lap cat	

The cat has lived in the same household with: _____ Other cats
 _____ Dogs _____ Caged Birds _____ Children (ages) _____
 _____ Other animals (what kind? _____)
 Was this successful? _____

Is the cat afraid of anything? (thunder, cars, loud noises, etc) _____

Does the cat respond to his/her name? Yes _____ No _____

Is the cat used to having his/her nails trimmed? Yes _____ No _____

Peculiar habits to watch for _____

Favorite games/toys _____

Has the cat ever severely scratched anyone? Yes _____ No _____
 If yes, under what circumstances? _____
 Has the cat ever bitten anyone? Yes _____ No _____
 If yes, under what circumstances? _____

Other comments: