



Continuing Care Program – Cat Profile Form

Please type or print clearly. Please complete one form per cat.

Date Form Completed: _____

Owner's Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City, State, Zip: _____

Information on this cat's designated interim care provider in the event of owner's death:

Care Provider Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City, State, Zip: _____

Cat Information

Cat's Name: _____ Approximate DOB: _____

Physical Description (color, breed, size, etc.): _____

Microchip #: _____ Have owned this animal since (date): _____

Where did you get your cat? _____

Is your cat Male Female? Is she/he spayed/neutered? Yes No

Is your cat declawed? Yes No

If yes: Front only All Four At what age? _____

Where does your cat live? Indoors only Outdoors only Indoors/Outdoors

Name of Current Veterinarian: _____

Current Veterinary Clinic: _____

Clinic Phone Number: _____

Street Address: _____

City, State, Zip: _____

Please attach all relevant medical and health records (including vaccination schedules and FIV/FeLV testing if available) and describe any current medical issues or medications:

Cat Background and Personality Questionnaire

For what type of household do you believe your cat would be best suited: (Check all that apply)

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Young children OK | <input type="checkbox"/> OK with male cats | <input type="checkbox"/> Needs a cat companion |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> NO young children | <input type="checkbox"/> OK with female cats | <input type="checkbox"/> Doesn't get along with cats |
| <input type="checkbox"/> Adults only | <input type="checkbox"/> Seniors | <input type="checkbox"/> OK with dogs | <input type="checkbox"/> Doesn't get along with dogs |
| <input type="checkbox"/> Other: _____ | | | |

Please check any of the following personality traits you've observed in your cat: (Check all that apply)

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Lap Cat | <input type="checkbox"/> Mellow | <input type="checkbox"/> Likes to be held |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Very active | <input type="checkbox"/> Vocal | <input type="checkbox"/> Likes to be petted, not held |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy | <input type="checkbox"/> Demanding | <input type="checkbox"/> Fearful/Easily frightened |
| <input type="checkbox"/> Feral (wild) | <input type="checkbox"/> Somewhat feral | <input type="checkbox"/> Unpredictable | <input type="checkbox"/> Other: _____ |

Is your cat accustomed to: (Check all that apply)

- | | | | |
|--|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Nail clipping | <input type="checkbox"/> Bathing | <input type="checkbox"/> Ear cleaning | <input type="checkbox"/> Brushing/Combing |
|--|----------------------------------|---------------------------------------|---|

Does your cat have allergic reactions to: (Check all that apply)

- | | | | |
|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Fleas | <input type="checkbox"/> Medication | <input type="checkbox"/> Other: _____ |
|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------|

What type of food does your cat like to eat: (Check all that apply)

- Canned only Dry only
 Canned and Dry Special Diet

What brands of food does your cat prefer?

Canned: _____ Dry: _____

What type of litter do you use? Clay Clumping Other: _____

Please list any special medications (with dosage):

The more we know the more can do to advise prospective adopters on how to deal with them. **Please indicate any behavioral issues your cat may have:** (check all that apply)

- Urinates outside the litter box Bites Hides/afraid all the time
 Defecates outside the litter box Scratches people Vomits frequently
 Sprays on furniture/floor Scratches furniture Furball problems
 Other: _____

Is there any other information you would like the new owners to have (personality, likes/dislikes, etc.)

The information on this form is to the best of my knowledge accurate and complete. I agree that I will provide updated information for this cat upon request of Fearless Kitty Rescue annually. If the information on this form changes significantly, I will provide updated information to Fearless Kitty Rescue in a timely manner. In the event of my death, I hereby authorize the transfer of my cat's medical records and/or microchip to Fearless Kitty Rescue and/or a new owner in the event this cat is adopted.

Signature: _____ **Date Signed:** _____