

## CAT REGISTRATION

Cat Name:	Breed:	Color:
Weight:	Approximate Birthday:	If over 7 years, does your cat require special handling?
Sex:	Circle if applicable: Spayed OR Neutered	If not spayed, what is her approximate heat date (if applicable)?

Has your cat been sick in the past 30 days? If yes, please explain

\*Does your cat like to be around other cats?

\*Does your cat like to be around people &/or strangers?

\* Is your cat better with: MALES FEMALEs BOTH

\*Has your cat ever bitten or scratched anyone? If YES, please explain:

\*Please check those that apply to your cats behavior:

Playful  Sedentary/Non-active  Shy/timid  Aggressive/May Bite

\*Have you placed your cat in a daycare/boarding facility before?

\*If yes, where? Describe experience:

\*Is your cat de-clawed?

\*Is your cat primarily indoors or outdoors?

\*Does your cat prefer to be left alone or enjoy attention (petting, playing, etc.)?

\*Do you or have you every had your cat groomed, bathed, or flea dipped?

\*Please add any additional behavioral information concerning your cat:

\*Please list any allergies:

\*What Flea / Tick Prevention do you use, if any?

\*List Current Medications (Include name, quantity, frequency and time administered):

\*Please describe your cat's general health (Include any current or past medical conditions):

\*What brand of food do you feed your cat?

\*Do you feed: Once/Day OR Twice/Day

\*If you feed Once/Day, do you feed: In the Morning In the Evening N/A

\*Please provide any other special instructions: