



Cat Registration

Basic Information

Cat's Name: Breed _____ Color _____ Weight _____ DOB _____

MALE FEMALE NEUTERED SPAYED If not spayed, approximate heat date: _____

If over 7 years old, does your pet require special handling? _____

Is your cat de-clawed? FRONT ONLY FRONT AND BACK NOT DE-CLAWED

Behavioral Information

Does your cat get along with his/her siblings? _____

Does your cat like to be around people and/or strangers? _____

How does your cat react when meeting new people/strangers in the home? (for pet-sitting) _____

In regards to people, is your pet better with? MALES FEMALES BOTH

Has your cat ever bitten or scratched anyone? If yes, please explain: _____

Check all that apply PLAYFUL NON-ACTIVE SHY/TIMID AGGRESSIVE/MAY BITE HIDES

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

Pet Care/Feeding Information

Is your cat primarily indoors or outdoors? _____

How often do you have your cat groomed, bathed, flea dipped? _____

What brand of food do you feed your cat? _____

If your cat runs out of his/her food may we feed ours (Natural Balance Ultra)? YES NO

How often do you feed your cat: ONCE/DAY TWICE/DAY FREE FEED (leave out all day as needed)

If you feed once per day, when do you feed: IN THE MORNING IN THE EVENING

Do we need to separate siblings during feeding? YES NO

List any additional feeding instructions: _____

Medical Information

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

List any known allergies: _____

What flea/tick prevention do you use? _____

Is your cat on any current medications? YES NO

Please describe your cat's general health (Include any current OR PAST medical problems): _____