

Information About My Cat

(Use One Sheet Per Cat)

Name of cat _____

Breed of cat (if known) _____ Coloring _____

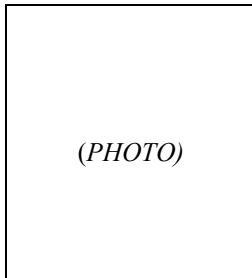
Longhair Shorthair (check one)

Sex of Cat: Male Female

My cat's age is: (if known) _____ Year of birth: _____ Month: _____ Day: _____

Unknown age but estimated: _____

My cat was (check all that apply):



___ Already a family cat

___ A Gift

___ Purchased

___ Adopted from a shelter or rescue

___ Other (please explain)

My cat was acquired at: _____
(name of store, breeder, animal shelter, rescue ,etc)

Was a fee charged? _____

Date I started my project: _____ Date I completed my project: _____

Description of my cat *(include size, weight, color, and other identifying characteristics):*

Average time I spend with my cat each day *(observing, playing, exercising, caring, etc.):*

Cat Care

(Use One Sheet Per Cat)

How often do you clean your cat's litter box? _____

What kind of food do you feed your cat? _____

How often do you clean your cat's food and water containers? _____

How often do you play with your cat? _____

How often do you brush your cat? _____

How often do you take your cat to the veterinarian? _____

What is your cat's favorite food? _____

What is your cat's favorite place? _____

What is your cat's favorite toy? _____

What is your cat's favorite thing to do? _____

Does your cat do any tricks? _____

If yes, please explain: _____

What do you do to keep your cat healthy? _____

Does your cat have any particular habits? _____

Has your cat ever:

Been sick? Explain: _____

Been hurt? Explain: _____

Been lost? Explain: _____

Been neutered or spayed? _____

Do you have other pets? (include their names and species):

Annual Feline Health Care Practices

(Please use one sheet for each cat)

Please list all vaccinations your cat received this year:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Was parasite treatment performed?

Please list any procedures your vet performed:

Name of Veterinarian : _____

Name of clinic or hospital: _____

Town: _____

Does your cat have any medical conditions that require special medication(s)?

Yes No

If yes, what medication(s): _____

How often do you administer them?