

Loving Legacy - Cat Profile Form

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

Date Form Completed: _____

Owners Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City, State, Zip: _____

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

Care Provider Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

Cat Information

Cat's Name: _____ Approximate DOB: _____

Physical Description (color, size, etc): _____

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

Where did you get your cat? _____

Please circle: Male Female Spayed/Neutered? Yes No Declawed? Yes No

Is your cat Indoors? Outdoors? Indoors and Outdoors?

Name of Current Veterinarian/Clinic: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

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

Cat Background and Personality Questionnaire

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

- Active Young Children OK OK with male cats Quiet
 Needs a cat companion NO young children OK with female cats
 Doesn't get along with other cat(s) Adults only Seniors
 OK with dogs Doesn't get along with dog(s)
 Other _____

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

- Affectionate Lap Cat Mellow Likes to be held
 Playful Very Active Vocal Likes to be petted, not held
 Aloof Demanding Shy Fearful/Easily frightened
 Feral (wild) Semi Feral Unpredictable
 Other _____

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

- Nail clipping Bathing Ear Cleaning Brushing/Combing

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

- Food Fleas Medication 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 we 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 of box Bites Hides/afraid all the time
 Defecates outside of box Scratches people Scratches furniture
 Sprays on furniture/floor Hairball problems Vomits frequently
 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 from 4 Paws annually. If the information on this form changes significantly, I will provide updated information to 4 Paws 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 Sun Cities 4 Paws Rescue Inc and/or a new owner in the event this cat is adopted.

Signature: _____ **Date Signed:** _____