



Criticter Pet Care
2516 Taylor Avenue
Oakland, CA 94605
510.859.7387
CriticterPetCare.com

CAT PROFILE FORM

Client Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alt Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Authorized Picker-Upper's:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Veterinarian:

Clinic Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet Guest Information:

Cat's name: _____ Primary Breed: _____ Color: _____

Weight: _____ Age/Birthday: _____ Male Female Litter box trained

Medical History:

Is your cat taking any medications? Yes No *If yes, inform Critter Pet Care staff and confirm specific medications that should be provided during your pet's stay. If medication administration is agreed upon, please attach documentation and/or special instructions for each medication for each pet.*

Has your cat had any illness in the past 30 days? Yes No *If yes, explain:* _____

Does your cat have any previous or current injuries, physical problems or health concerns, including allergies?
Yes No *If yes, explain:* _____

Is your cat displaying any symptoms such as coughing, sneezing or upset stomach? Yes No

If yes, explain: _____

Vaccination Records:

Please list the current expiration dates for the following vaccinations:

Rabies _____/_____/_____ FVCRP _____/_____/_____ FELV _____/_____/_____

Some veterinarians do not recommend a particular vaccine for cats. If that's the case for your pet, we require a written and signed statement from your veterinarian confirming the absence of disease and the recommendation for no vaccine. *If yes, please attach veterinarian documentation to this form.*

Is your cat currently on a flea preventative medication? Yes No

If yes, name of brand used _____ Date it was last administered ___/___/___

Pet Personality:

Please check all that applies to your cat's personality:

- | | | | | | | | | | |
|----------|--------------------------|---------|--------------------------|--------------|--------------------------|-----------|--------------------------|------------|--------------------------|
| Outgoing | <input type="checkbox"/> | Timid | <input type="checkbox"/> | Affectionate | <input type="checkbox"/> | Reserved | <input type="checkbox"/> | Feisty | <input type="checkbox"/> |
| Friendly | <input type="checkbox"/> | Playful | <input type="checkbox"/> | Independent | <input type="checkbox"/> | Confident | <input type="checkbox"/> | Submissive | <input type="checkbox"/> |
| Clingy | <input type="checkbox"/> | Gentle | <input type="checkbox"/> | Aggressive | <input type="checkbox"/> | Dominant | <input type="checkbox"/> | | |

Other _____

Please check all that apply to your cat's attributes:

- | | | | | | | | | | |
|--------------------|--------------------------|--------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|--------|--------------------------|
| Separation anxiety | <input type="checkbox"/> | Verbally sensitive | <input type="checkbox"/> | Likes to scratch | <input type="checkbox"/> | Fears noises | <input type="checkbox"/> | Sprays | <input type="checkbox"/> |
| Talks a lot! | <input type="checkbox"/> | Low activity level | <input type="checkbox"/> | Medium activity level | <input type="checkbox"/> | High activity level | <input type="checkbox"/> | | |

Other _____

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the cat subject to this application, that my signature is sufficient to enter into this application for and on behalf of any other owner/representative.

Client signature _____ Date _____