

Canine Connection Cat Profile

The Cat Profile is designed to assist Canine Connection in understanding your cat's history, personality and temperament. Please fill out one form for each cat in your family.

Owner (1) : _____ **E-mail Address:** _____

Home Phone #: _____ **Office #:** _____ **Mobile#:** _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Owner (2) : _____ **E-mail Address:** _____

Home Phone #: _____ **Office #:** _____ **Mobile#:** _____

Emergency Contacts (other than a household member)

Name: _____ **Phone :** _____

Name: _____ **Phone :** _____

Name: _____ **Phone :** _____

How did you hear about Canine Connection? _____

If you are a referral from an existing Canine Connection client, please tell us who recommended us to you? _____

Cat Information

Name:		Date of Birth:	Sex:
Breed & color:	Weight:	Spay/ or Neutered: Yes or No	
Declawed? Yes or No	Microchip Number:		

Veterinarian Information

Vet. Office Name:	Dr's Name:
Vet. Address:	Phone:

Vaccinations

	<u>Date Received</u>	<u>Next Vaccination Due Date</u>
FVRCP:	_____	_____
Combo Test (+ / -)	_____	_____

4920 Tchoupitoulas St., New Orleans, La. 70115

Phone (504) 218-4098 • Fax (504) 218-4887

www.canineconnectionnola.com

Your Cat's History

How many years has your cat been in your life? _____

How & where did you acquire your cat? _____

If adopted, do you have any knowledge of your cat's history? _____

Has your cat played in other larger groups of cats? _____

If yes, how did they behave in that social setting? _____

Has your cat ever been boarded? _____ If so, how did he/ or she do? _____

Your Cat's Health

How is the overall health of your cat? _____

What is your cat's largest health issue, and how this issue handled? _____

Does your cat have any allergies? If so, what are they? _____

Does your cat have any sensitive areas on his/her body? _____

Are there any other health issues we should be aware of? _____

What restrictions need to be placed on your cat's activities? _____

Your Cat's Behavior

Has your cat ever bitten someone? _____ If "yes", what were the circumstances? Any re-occurring issues? _____

Has your cat ever bitten another cat? _____ If "yes", what were the circumstances? Any re-occurring issues? _____

Does your cat act afraid of any specific items or noises? If so, please explain: _____

Does your cat like to be brushed? Where? _____

Are there any kinds of people that your cat automatically fears or dislikes? _____

Does your cat have problems in any of the following areas? If so, please explain the problem.

Swatting: _____

Spraying: _____

Escaping: _____

Other: _____

Rate your cat's energy level "1" being very mellow and "10" being hyper. _____

What type of sounds does your cat make when he/she happy? _____

Has your cat ever growled or swatted at anyone for taking his/her food or toys away? _____

Does your cat play with toys? _____ If yes, what are his/her favorite toys? _____

Can your cat have treats? _____

Is there anything else you would like to tell us about your cat that will ensure he/ or she has a wonderful time with their four-legged friends at Canine Connection?

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