



KITTY-CAT HEALTH & BEHAVIOR PROFILE

Client Name: _____

Pet Name: _____ Sex: M / F DOB/Age: _____

Breed & Physical Description: _____

Spay or Neuter: Y / N Weight: _____ How long have you owned this pet? _____

Where did you acquire your pet? _____

Microchip/Tattoo #: _____

Indoor only { }

Indoor/Outdoor { }

Allowed outside? Y / N

HEALTH HISTORY

Allergies/Disabilities/Restrictions: _____

Major Medical Conditions/Concerns: _____

Has your pet been to the vet in the last 6 months for other reasons than routine care?

Please describe: _____

Additional notes: _____

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PERSONALITY & BEHAVIOR

How would you describe your pets personality:

Favorite Activities / Daily Routine: _____

Favorite hiding places: _____

Additional special handling instructions (storm/wind anxiety, separation anxiety, fears/phobias, quirks, aggression, etc.): _____
