



Cat Personality Profile

Complete a profile for each cat to be enrolled at Urban Tails. Complete responses assist us in providing high quality care for your pet during their stay. There are no right or wrong answers as all cats are unique. Please type or print clearly. If additional space is required to answer a question add an attachment sheet.

Owner's Name(s):	Today's Date:
------------------	---------------

Profiled Cat Information

If multiple Cat Personality Profiles are being submitted, this is **Profile # _____ of _____**
 (Please also be sure to insert your cat's name at the bottom of each of the following page, thank you!)

Cat's Name:	Breed:
1. Has your cat ever been boarded at a kennel or veterinarian previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were any problems or concerns noted during or after the stay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
2. Please describe your cat's flea/tick control and prevention program:	
3. Does your cat have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
4. Does your cat have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause: If answered yes, what restrictions need to be placed on your cat's activities or movements?	
5. Does your cat have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If answered yes, and medication is used to control the condition provide name and dosage.	
6. Does your cat have a history of urinary infections?	
7. Estimated volume of urine a day? ¼ cup ___ ½ cup ___ ¾ cup ___ 1 cup ___	
8. Provide details of your cat's diet – <i>type</i> (kibble, canned, raw/natural): <i>brand</i> (Innova, Iams, Purina, etc):	
9. Water consumption habits. How much does he/she drink in a day?	
10. Are there any particular types of people your cat seems to automatically fear or dislike?	
11. Has your cat ever hissed at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?	
12. Has your cat ever bitten someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?	

13. Is your cat indoor or outdoor cat?
14. To the best of your knowledge, what does your cat do when you're not at home?
15. Is your cat frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior & what specifically helps your cat's fear.
16. Is your cat frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what noises?
17. Is your cat frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
18. Does your cat play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your cat like?
19. Has your cat ever scratched or bitten someone when he/she is being handled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
20. Has your cat ever escaped from your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:
21. Does your cat use a litter box?
22. Does your cat have any bathroom or litter box related issues or concerns?
23. Do you currently have any issues with your cat chewing inappropriate items or being destructive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:
24. Has your cat been declawed?
25. Other comments or information about your cat that you feel might be helpful?