

# West Coast Pets

*Professional care when you can't be there*

## Pet Profile ~ Cat

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED OR NUETERED: Y / N

COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

FEEDING TIME: \_\_\_\_\_ am \_\_\_\_\_ pm FOOD: WET DRY AMOUNT: \_\_\_\_\_

FEEDING LOCATIONS: Indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

ANY SPECIAL TOYS? \_\_\_\_\_

FAVORITE ACTIVITIES? \_\_\_\_\_

ANY SPECIAL TREATS? \_\_\_\_\_ How Many? \_\_\_\_\_

SPECIAL WORDS: \_\_\_\_\_

MEDS: \_\_\_\_\_ WHEN: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ HOW: \_\_\_\_\_

NOTES: \_\_\_\_\_

Are Vaccinations Current? Yes \_\_\_ No \_\_\_

Attitude toward strangers, **Check all that apply:**

Excited \_\_\_ Friendly \_\_\_ Aloof \_\_\_ Cautious \_\_\_ Stressed \_\_\_ Scared \_\_\_ Defensive \_\_\_ Mean \_\_\_

Attitude toward other animals, **Check all that apply:**

Excited \_\_\_ Friendly \_\_\_ Aloof \_\_\_ Cautious \_\_\_ Stressed \_\_\_ Scared \_\_\_ Defensive \_\_\_ Mean \_\_\_

Has your cat ever bitten or acted aggressively towards anyone or another animal? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

How many litter boxes do you use? \_\_\_\_\_ Where are they located? \_\_\_\_\_

Where is fresh litter stored? \_\_\_\_\_

How many times per week do you completely empty the litter box and replenish with new litter? \_\_\_\_\_

Where do you dispose of dirty litter: \_\_\_\_\_

Favorite places to go potty outdoors: \_\_\_\_\_

Favorite places to hide from people: \_\_\_\_\_

Any contagious illnesses? Yes ☐ No ☐ If yes provide details: \_\_\_\_\_

Physical Conditions or Problems to watch for: \_\_\_\_\_

We ask many questions in order to be able to protect your pets, and other client's pets, as well as our own. Specific information allows us to use extra care and to take any necessary preventative measures while providing for each of the pets in our care.

Notes & comments:

Below, please find a listing of the supplies which West Coast Pets recommends that you have accessible for our pet visits:

1. Cat Food and/or Treats
2. Cat Litter and Scooper
3. Toys
4. Brush and/or Comb
5. Paper Towels
6. Garbage Bags
7. Cleaning Supplies
8. WCP Pet Profile form with Special Instructions completed

Should we need to purchase pet food or essential items, you will be charged for all such items, along with our \$25.00 per hour shopping fee.

Thank you very much for your attention in this matter.

Veterinarian Release Form signed \_\_\_\_\_ (initial)

Medication Waiver Form signed \_\_\_\_\_ (initial)

I certify that all the above information is true and correct to the best of my knowledge, and that I will notify West Coast Pets of any changes to the above prior to the start of any Service Period.

**Pet Owner:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_