



845 Taylor Road  
Port Orange, FL, 32127  
Telephone - 386.492.5371

# Cat Personality Profile

We want your cat to have a wonderful time at The Place for Pets! Please help us get to know your cat by sharing with us his/her history and personality traits. This information will allow us to give your cat (our guest) the best experience possible. You may email the form back to [reservations@tpfplove.com](mailto:reservations@tpfplove.com) or print the form and drop it off at The Place For Pets reception.

Thank you for giving us the privilege of caring for your special pet.

## OWNER INFORMATION

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Veterinarian \_\_\_\_\_

## PET PROFILE

Cat Name \_\_\_\_\_ Breed \_\_\_\_\_ Gender \_\_\_\_\_

Spayed or Neutered? \_\_\_\_\_ Date of Birth or Age \_\_\_\_\_ Years Owned \_\_\_\_\_

## HANDLING (check all that apply)

- OK in crate    Nervous in crate    OK being picked up    Not OK being picked up  
 Difficult to Handle    Declawed

Is your cat uncomfortable being handled any certain way or sensitive to touch (i.e. doesn't like feet touched, etc.)? \_\_\_\_\_  
\_\_\_\_\_

## HUMAN INTERACTION (check all that apply)

- Loves Everyone    Dislikes Men    Dislikes Women    Aloof/Independent  
 Likes Being Cuddled

Ever bitten and/or tried to bite a person? Please Explain \_\_\_\_\_  
\_\_\_\_\_

## OTHER PERSONALITY TRAITS, PREFERENCES AND HABITS (check all that apply)

- Easy going    Pushy/demanding    Clingy    Talkative    Tries to escape  
 Eats fabrics or similar items    Confident    Sometimes crabby    Playful  
 Affectionate    "Marks" territory    Nervous    Scared of loud noises

How does your cat react when afraid? \_\_\_\_\_

What is your cat's #1 "bad habit" that you wish you could change? \_\_\_\_\_  
\_\_\_\_\_

**POTTY HABITS (check all that apply)**

Litter box use:     Always     Most of the time     Sometimes

**EATING HABITS (check all that apply)**

Finicky eater     Eats really fast     Food aggressive with other family cats

We find that cats do best during their stay with us by eating the same food they eat at home. We require you to bring your cat's food from home. Please provide feeding instructions.

NAME/TYPE OF FOOD	MORNING FEED TIME	QUANTITY
	a.m.	

NAME/TYPE OF FOOD	EVENING FEED TIME	QUANTITY
	p.m.	

Special Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONDITIONS (check all that apply, describe and bring related vet records or other information so that we may provide proper care.)**

Chronic Medical Condition \_\_\_\_\_

Recent surgery or procedures \_\_\_\_\_

Recent vet visit for illness \_\_\_\_\_

Takes Medication \_\_\_\_\_

Experiences seizures \_\_\_\_\_

Chronic pain or difficulty moving \_\_\_\_\_

Is there anything else that would be helpful for us to know about your cat?

\_\_\_\_\_

**SIGNATURE**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_