

ID # _____

Wags to Whiskers of Texas, Inc.

MICROCHIP # _____

Please attach a color photo of the cat or kitten. No hands or faces in the photo.



Cat Profile

Name of Pet _____

Date ID# assigned _____

Male/Female Breed _____

Color _____

Hair Length S ___ M ___ L ___

Age _____ DOB _____

Spay/Neuter Date _____

Type of food used: DRY _____

WET _____

Does the cat do well with children? Unknown No Yes Age: Older Younger All

Does the cat live with other animals? Yes No What type? Cat Dog Other _____

What type of litter is used? Clay Scoop Pine Newspaper Brand: _____

What type of litter box is used? Open Covered Electric

What type of toys does the cat like? Feathers Balls Furry Mice Other: _____

Does the cat use a scratching post? Yes No If yes, what type? _____

Is the cat declawed? Yes No Where is the cat kept? Inside Outside Both

ORIGIN OF CAT _____

What characteristics best describes the cat? **KITTEN** _____ **ADULT** _____ ?



Lap Cat

Dog Lover

Active

Cuddly

Playful

Mischievous

Shy

Curious Nosey

Spunky

Nervous

Finicky

Friendly

Aloof

Quiet

Additional Comments regarding the Cat: _____

ID # _____ Wags to Whiskers of Texas, Inc.

MICROCHIP # _____

Name _____

Date ID# assigned _____

Breed _____

DOB _____

M/F _____

Hair Length S __ M __ L __

Weight _____

Sterilization Date _____

Adoption Date _____

Vaccination History

Kittens MUST be at least 10 weeks old and have at least 1 FVRCP vaccination 3 days or more prior to adoption!

Vaccine	Date Given		Label
FVRCP			
Rabies			



Write the date FVRCP vaccine was given and attach the vaccine label here or,

Include the veterinarian records proving the vaccine was given.

Include proof of rabies vaccination and spay / neuter if applicable

Worm Treatments: _____

Flea Treatments: _____

Additional Comments: _____
