

## Cat Personality Profile

We want your cat to have a wonderful time at Second Home Pet Resort! Please help us get to know your cat by sharing with us his or her history and personality traits so that we may give your cat the best experience possible.

Thank you for giving us the privilege of caring for your cat!

Owner Information		
Owner Name Phone Email		
Pet Profile		
Cat Name Breed		
Gender Spayed or Neutered? Date of Birth or Age Years Owned		
If owned less than one year, what do you know of his/her history?		
If staying with another similar-looking cat, how can we best tell them apart?		
Handling (check all that apply):		
OK putting in crate Nervous puttiing in crate OK being picked up Not OK being picked up Declawed Difficult to handle Swats or hisses at strangers  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 Aloof/Independent Likes being cuddled Shy Nervous  Ever bitten/tried to bite a person? Please explain		
Other Personality Traits, Preferences, and Habits (check all that apply):		
Easy going Talkative Pushy/demanding Clingy Eats fabric or similar items Tries to escape Hides Confident Playful Jumps very high Sometimes crabby "Marks" territory/sprays Likes new places Affectionate Very active Scared of loud noises Lots of energy Nervous How does your cat react when afraid?		
What is your cat's #1 "bad habit" you wish you could change?		

Potty Habits (check all that apply):	
Litter box use: Always Most of the time Sometimes Incontinent Doesn't urinate dail	y Doesn't defecate daily
Eating Habits (check all that apply):	
Finicky eater Eats really fast Food-aggressive with other family cats Always finishes meal	s Free-feeds
Can your cat have special treats (ex. cat treats, tuna) or cat toys?	
If you need to give your cat a pill, what works best for you?	
Special feeding notes:	
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	
☐ If diabetic and not eating, what do you use to entice him/her to eat?	
Recent surgery or procedure	
Recent vet visit for illness	
Takes medication	
☐ Allergies? To what?	
Experiences seizures	
Chronic pain or difficulty moving	
Is there anything else you think would be helpful for us to know about your cat?	
Signature	
The information provided throughout this form is true and correct to the best of my knowledge.	
Signature	
Printed Name	Date