



Harlow & Friends

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cat's name: \_\_\_\_\_

Coloring/Markings: \_\_\_\_\_

Age: \_\_\_\_\_ ~ Male / Female ~ Spayed/ Neutered/ Intact

## Diet and Veterinary Care

What type of food?  Dry  Wet/Canned  Mixed

What brand of food does your cat eat?

\_\_\_\_\_

How often do you feed your cat?  Once a day  Twice a day  Three times a day  Free feed

How much food does your cat get per feeding: \_\_\_\_\_

Directions for feeding: \_\_\_\_\_

Is your cat currently on a special diet?  Yes  No

If yes, what are special food / treats?

\_\_\_\_\_

Who is your cat's veterinarian? \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Whose name are the veterinary records under?

\_\_\_\_\_

Does your cat have any past or present medical conditions?  Yes  No

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

\_\_\_\_\_

Is your cat currently taking medication(s)?  Yes  No

Directions & Dosage for administering/feeding medication on the next page:

Medication Dosage What for?		
1.	am[ ]pm	
2.	am[ ]pm	
3.	am[ ]pm	
4.	OTHER:	

## HEALTH & VACCINATIONS

*All cats MUST be in good health and free from any communicable conditions*

**Please list the dates of the following vaccinations:**

Rabies: Next Due: \_\_\_\_\_ FVRCP: Next Due: \_\_\_\_\_

\*For elderly cats, please let me know if due to age/medical conditions etc, your pet does not require updated vaccines via your vet office.

Flea & Tick Preventative: Next Due: \_\_\_\_\_

**Proof of the above vaccinations are REQUIRED from your Veterinarian and can be emailed to:**  
[harlowandfriendspdx@gmail.com](mailto:harlowandfriendspdx@gmail.com)

## Habits and Behavior

**Describe your cat's behavior with strangers:**  Friendly  Playful  Tolerant  Afraid

**Has your cat ever bitten/scratched someone and needed medical attention?**

**(This will not exclude your pet from care by Harlow & Friends)**

Yes  No **If yes, please explain:** \_\_\_\_\_

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**What frightens your cat:**  Thunder  Fireworks  Vehicles  People  
 City noises  New places  Vacuum  Men  Women  Children  
 Other: \_\_\_\_\_

**What does your cat do when you brush him/her:**

Enjoys  Scared  Tolerates  Hisses  Scratches  Bites  
 Never had a bath  N/A

**Administer him/her oral or injectable medication:**

Allows  Scared  Tolerates  Hisses  Scratches  Bites  
 Needs a kitty burrito to administer  N/A

**What does your cat do when he/she receives subcutaneous fluids?**

Allows  Scared  Tolerates  Hisses  Scratches  Bites  
 Needs a kitty burrito to administer  N/A

## **More helpful information**

**Does your cat(s) like to be held or cuddled?**

Enjoys  Scared  Tolerates  Hisses  Scratches  Bites  
 Never try to cuddle or hold

**Please circle words below that best describe your cat:**

Friendly  Unfriendly  Affectionate  Aloof  High Energy  Lazy/Chill  
 Dominant  Stubborn  Fearful  Eager to please  Other

**What toys does your cat like to play with:**  feather toys  ball  stuff toys

Laser light  scratch post  strings/ribbons  boxes/cardboard  
 Other: \_\_\_\_\_

**How did you hear about H&F ?**  Yelp  Social Media  Website  A friend  Other:

***Thank you for choosing Harlow & Friends ~***