



741 Kimball Rd.
Fort Collins, CO 80526
Call or Text (970) 481-9834
AirBudandB@gmail.com
www.AirBudandB-FoCo.com

CAT PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

E-Mail: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those, other than yourself, whom are authorized to pick up your cat:

1.) Name: _____ Relationship: _____ Phone Number: _____

2.) Name: _____ Relationship: _____ Phone Number: _____

Veterinarian: _____

Clinic Name: _____

Address: _____

Telephone Number: _____

24-Hour Emergency Veterinarian*: _____

Address: _____

Telephone Number: _____

****If not completed AirBud & B, LLC will transport your pet to the nearest Emergency Veterinary Clinic****

PET GUEST INFORMATION

Cat's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Circle where appropriate: Male Female
Neutered Spayed Unaltered

Treats? Yes No

*If yes, does your pet have food allergies? (Please provide preferred treats).

Please explain _____

Is your cat litterbox trained? Yes No

MEDICAL HISTORY

Is your cat currently taking any medications? Yes No

**NOTE: IF YOU CIRCLED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET**

Has your cat been ill in the last 30 days? Yes No

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your cat have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain _____

Does your cat have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: _____

VACCINATION RECORDS

Please list the **current expiration dates** for the following vaccinations: (AirBud & B may complete once they've received proof of current vaccinations from your veterinarian).

Rabies _____ FELV _____ FVRCP _____

Is your cat currently on a flea/tick preventative medication? Yes No

Name of brand used: _____ Date it was last given: ____/____/____

PERSONALITY

Please circle all answers that describe your cat's personality:

Outgoing Timid Affectionate Reserved Feisty Friendly Independent
Playful Confident Submissive Clingy Gentle Other: _____

Please circle all answers that describe your cat's attributes:

Likes to scratch Fears loud noises Meows excessively Verbally sensitive Separation anxiety
Low activity level Medium activity level High activity level Other: _____

Please circle all that apply when describing situations where your cat may become unfriendly:

Meeting strangers Meeting other cats Around women Around men Around children

Being hugged Being brushed Being removed from furniture

Being touched: Tail / Head / Ears / Rear end / Paws / Mouth / Lower back /While sleeping

Other: _____



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Has your cat displayed any of the following reactions? (Please circle all that apply):

Will bite May bite Hisses Trembles Freezes Moves away Hides

Other information you'd like to provide us regarding your cat:

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the cat subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner/Guardian: _____

Date: ____/____/____