**Foster Medical Record Sheet**

Cat’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_

Fostered from to Pre-adopted

**Mother cat’s preventative care** (only fill out if this is for the mother cat)**:**

|  |  |  |
| --- | --- | --- |
| **FVRCP** at intake. Repeat at 3 weeks. | 1st dose date: | 2nd dose date: |

**Kitten’s preventative care** (only fill out if this is for the kitten)**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strongid** at 4 weeks Repeat every 2 weeks  | 1st dose date: | 2nd dose date: | 3rd dose date: | 4th dose date: |
| **FVRCP** at 6 weeks Repeat every 3 weeks  | 1st dose date: | 2nd dose date: | 3rd dose date: | 4th dose date: |

**Post to Adoption Page on website** (both mother cat and kittens, once kittens are 6 weeks old):

Email: petfinder@yourorganization.org (see manual for details) Date posted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weight Chart –** Kittens should gain 4 ounces each week.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Weight | Date | Weight | Date | Weight | Date | Weight |
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**Health concerns including medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Concern | Treatment | Timeline |
| 1/1/20 | Kitten sneezing, not playing as much, not eating well, fever 104.2 | Amoxi, fluids | 7 days/prn |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Feline Personality Profile**

**Has this cat/kitten spent time around?**

Children Y / N Ages\_\_\_\_\_\_\_\_ Reaction

Dogs Y / N Reaction

Cats Y / N Reaction

Other \_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction

Is this cat litter box trained? Y / N Current litter type

Does this cat have accidents? Y / N If so, when do they occur?

Current food brand: Dry Wet Times daily

Favorite treats, games, and toys?

Food/treats they shouldn’t have? Why?

Does this cat use a scratching post? Y / N What type(s)?

**Please circle any and all that apply:**

Likes to be held Adventuresome Affectionate Independent Loves Food

Curious Dominant Quick to react Needy Respectful

Food Aggressive Energetic Mellow Likes grooming Shy

Plays Rough Quiet Submissive Playful Gentle

Vocal Easily startled Nervous Active Friendly

Easygoing Picky Tolerant Lap Cat Eats Plants

Jumps on counter tops Outgoing Doesn’t like grooming

Recommendations for a successful placement (Please be as specific as possible):