



WORTHING & DISTRICT CATS PROTECTION

Date of Enquiry	
Name	
Address	
Email	
Phone numbers	

Name:	Sex: Male Female Unsure
Type of cat: Age:	Neutered: Yes No Unsure
Colour:	Microchipped: Yes No Unsure
Treated for Fleas: Yes No Unsure	Vaccinated: Yes No Unsure
Date of last treatment:	Date of last vaccination:
Treated for Worms: Yes No Unsure	Outside cat: Yes No Unsure
Date of last treatment:	
Personality type:	Lap Cat: Yes No Unsure
	Likes being
	picked up: Yes No Unsure
Litter tray used: Yes No Unsure	Type of Food/brand:
Type/brand of litter:	
Previous owners:	Lived with Children: Yes No Unsure
	Ages of Children:
Lived with dogs? Yes No Unsure	Lived with other cats: Yes No Unsure
Type/number of dogs:	How many/ages:
Type of Household: Busy Quiet	How long have you had cat:

Behavioural problems:	Medical problems:
Vets name:	Any other problems:
Date last seen by vet:	

Reason for coming into care:

Notes: