

Heart of America Humane Society CAT Profile

Name _____ HAHS Case # _____
 Age and/or DOB: _____ HAHS Tag # _____
 Breed & Description: _____ Date into HAHS: _____
 Male Neutered Declawed Front
 Female Spayed - Stitches Out _____ Declawed Back
 Foster Parent: _____
 Foster Email: _____ Foster Phone: _____

~ Adopter signed a contract agreeing NOT to declaw this cat. ~

Vaccinations/Tests	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
FELV/FIV Test	Test Date: _____ Results: Negative							
FVRCP								
De-Worming	Product							
	Date							
Flea/Tick Control	Product							
	Date							

Rabies Date: _____ Vet: _____ Tag#: _____

- Good with Children
- Good with Other Cats
- Good with Dogs
- Needs Regular Grooming
- Litter Box Trained
- Trained to scratching device/claw trimming

Additional Notes:

Originating Shelter Shelter ID: _____ LSAS HAHS
 Date into Originating Shelter: _____ Stray Owner Turn-In

<u>Lee's Summit Animal Shelter</u> Judy Jackson 913-522-7661	<u>Heart of America Humane Society</u> Voice Mail: 1-800-384-3143 E-mail: questions@heartofamericahs.org
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