Future Care ~ Inventory of Cats

Enrolee Name: _____ Date: _____

Cat's Name: _____ DoB or Age: _____ Gender: _____

Description: _____ Spay/Neuter _____

Permission to adopt: ☐ Yes ☐ No   Medication(s): _____

Customary Food: ☐ Canned ☐ Dry ☐ Other _____

Comment: _____

Cat's Name: _____ DoB or Age: _____ Gender: _____

Description: _____ Spay/Neuter _____

Permission to adopt: ☐ Yes ☐ No   Medication(s): _____

Customary Food: ☐ Canned ☐ Dry ☐ Other _____

Comment: _____

Cat's Name: _____ DoB or Age: _____ Gender: _____

Description: _____ Spay/Neuter _____

Permission to adopt: ☐ Yes ☐ No   Medication(s): _____

Customary Food: ☐ Canned ☐ Dry ☐ Other _____

Comment: _____

Veterinarian _____ Phone: _____

I give permission to Friends of Cats, Inc. and its representatives to contact my veterinarian as needed for medical information about the above-named cat(s).   _____ *intials*