

Cat Profile

Cat' s name _____ Nickname(s) _____

Breed _____ Age _____ Please circle: Male Female

Birth date ____/____/____ Color _____

Weight _____ Distinguishing marks _____

How long has your cat been a member of your family? _____

If adopted, do you have knowledge of your cat' s past history? Yes No

If yes, please describe:

Has your cat ever been boarded before? _____

How was the experience? _____

Where does your cat typically sleep? Floor Furniture Cat bed

Other _____

Total number of people in your household .Adult males _____ Adult Females _____

Number of children/age

Has your cat had experience with children? Yes No Does your cat like children?

Yes No

Are there other animals in your household? If yes, please describe:

Describe how your cat gets along with other animals in your household:

Has your cat had any socialization with other dogs?

How does your cat react to new people coming into your house?

Has your cat ever bitten another person? If yes, please describe the situation:

Is your cat fearful or reactive around certain types of cats or people? _____

Please check any of the following behaviors that apply to your cat:

- separation anxiety toy/food possessive sensitive to touch fear of children
- excessive hissing not house trained fear aggressive fear of women
- coprophagia (eats stool) mouthiness fear of thunder
- destructive/chewing (i.e. bedding) fear of loud noises fear of men

Other problem areas (please describe): _____

Cat's Veterinarian Information

Veterinarian: Dr. _____ at _____ Hospital/Clinic

Address _____

Clinic phone number _____ Clinic Fax number _____

Date of last complete physical exam _____

Vaccinations

The following vaccinations are required and must have been administered within the past 7 days to 11 months to enroll at Pampered Pet Lodge. We require proof of all vaccinations; these can be faxed, mailed, e-mailed, or dropped off in a hard copy.

DHLPP Date administered: _____ Date Due: _____

Is your cat on flea/tick prevention? Yes No

Brand used and last date administered _____

Does your cat have any hip/joint problems or restrictions? Yes No

If yes, what restrictions need to be observed with regards to your cat's activities or movements?

Please describe your cat's general health. (Include any current medical conditions of which we should be aware of.)

