

(For multiple cat households please complete one form for each cat)

**CLIENT INFORMATION**

Client Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

**CAT INFORMATION**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Sex: M / F Spayed or Neutered? Y / N

Is your cat declawed? Y / N

Has your cat ever bitten a person? Y / N If Yes, what damage was done and explain the circumstances: \_\_\_\_\_

Does your cat like being brushed? Y / N Does your cat like being held? Y / N

Circle the toys/games your cat prefers:

Wand      Squeaky      Catnip      Ball/pompom      Snakelike      LaserPointer

Other: \_\_\_\_\_

Is there anywhere your cat is sensitive being touched? Y / N

If yes, please explain: \_\_\_\_\_

**HEALTH INFORMATION**

Your cat's veterinarian: \_\_\_\_\_ ph: \_\_\_\_\_

Does your cat take regular medication? Y / N

If yes, please list type and dosage: \_\_\_\_\_

Does your cat have any physical disabilities/health concerns we should know about? Y / N

If yes, please explain: \_\_\_\_\_

Does your cat have any food restrictions? Y / N If yes, please list: \_\_\_\_\_

Anything else you would like us to know about your cat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Name: \_\_\_\_\_ Pet name: \_\_\_\_\_

If we cannot get ahold of you and your pet requires medical attention, is there any restriction or cap on costs you would like us to relay to the vet? Y / N

Cost cap: \_\_\_\_\_ Client initials: \_\_\_\_\_

**If your pet is 8+yrs please also fill in below:**

What should we do in the unfortunate event your pet passes away while here? \_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(For The Cat's Meow/Prima Dog use only) Vet: \_\_\_\_\_

Pet name: \_\_\_\_\_ RV: \_\_\_\_\_ Dist: \_\_\_\_\_

FELV: \_\_\_\_\_ Fecal: \_\_\_\_\_