

**Feline Information**

Owners Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pet Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: **M / F** Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/Neutered: **Y / N** How long have you had your pet? \_\_\_\_\_ Does your cat go outside? **Y / N**

Is your pet micro-chipped/ **Y / N** Is your pet tattooed? **Y / N** Where: \_\_\_\_\_

How did you acquire your pet ? \_\_\_\_\_

What brand of flea and tick control do you use ? \_\_\_\_\_ Date of last application \_\_\_\_\_

Does your cat have all their required vaccinations ? (Rabies and FVRCP): **Y / N**

What kind of litter do you use at home for your cat? \_\_\_\_\_

Will your pet be eating a meal while at the resort? **Y / N** Can your pet receive treats? **Y / N**

How often are they fed? \_\_\_\_\_ Quantity per day \_\_\_\_\_

What brand of cat food do you feed your pet \_\_\_\_\_

Does your pet require a special diet? **Y/N** If yes describe \_\_\_\_\_

Does your pet have any health concerns/medical issues /allergies ? **Y / N** If yes please list:

Does your pet require any medication **Y / N** If yes, please explain. Bring the medication in the original prescription bottle and instructions for staff to administer properly.

List and surgeries or serious medical conditions your pet has had past to present:

Does your pet have any restrictions with physical activities? **Y / N** If yes, please note

***Behavioral Information*** Over all temperament of your pet \_\_\_\_\_

Is there any part of your pet's body that he/she does not like handled? Please describe

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Is there anything that may cause your pet to become scared, nervous, anxious, or fearful? Please describe

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How would you describe your pet from the following (circle all that apply):

Mellow Shy Energetic Pushy Friendly Timid Confident Obsessive Fearful  
Active Obedient Submissive Couch Potato Excitable Dominant Laid Back  
Playful Aggressive Destructive

Please inform us if there is anything else we should know about any of the behaviors indicated above:

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Is your pet declawed? **Y / N**

If no how do they respond to getting their nails trimmed ? \_\_\_\_\_

Please indicated your pet's energy level (1= couch potato, 5= never stops moving):

1 2 3 4 5

Does your feline like being held or pet? **Y / N**

Are there any specifications to your pet's dislikes?

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Favorite activities (Please circle all that apply):

Cuddling Belly Rubs Brushing Massage Solo play Cat toys TV "Feather Duster"

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

Is there any additional information we should know to care for your pet?

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