

# Cat Profile



We Love animals and want your cat to have the best time possible at Furs and Feathers Resort. No one knows your cat better than you do so we appreciate you taking the time to fill out this profile so we can get to know him/her like Ohana (family). The more we know about the pets in our care, the better we can accommodate their needs to ensure they have an exceptional stay with us.

## Owner Information:

Name(s): \_\_\_\_\_ Date \_\_\_\_\_

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

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

In Case Of Emergency, who do we contact if you and your Veterinarian cannot be reached? \_\_\_\_\_

Does Your Emergency Contact Have Authorization to pick up/drop off your pet(s)? \_\_\_\_\_

## Veterinary Information:

Practice Name: \_\_\_\_\_ Vet's Name \_\_\_\_\_

Number: \_\_\_\_\_ Address: \_\_\_\_\_

## Pet Information:

Cat's Name \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Weight \_\_\_\_\_ Colors: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

How long have you had your pet for? \_\_\_\_\_

Where did you get your pet from? (Shelter, pet store etc.) \_\_\_\_\_

What knowledge do you have of your pet's past history? \_\_\_\_\_

## **Health History:**

Is your cat currently on flea/tick control and prevention medications?  Yes  No

Name of Brand(s): \_\_\_\_\_ Last date Taken: \_\_\_\_\_

Does your cat take any medications?  Yes  No

If yes, please fill out the following:

Medication Purpose: \_\_\_\_\_

Regular dosage & schedule: \_\_\_\_\_

Do you have a special way of administering? \_\_\_\_\_  
\_\_\_\_\_

Does your cat have any allergies?  Yes  No

If yes, please Explain: \_\_\_\_\_

Does your cat have any physical disabilities?  Yes  No

If yes, Please explain disability and cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your cat have any medical conditions or past/present injuries?  Yes  No

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Cat Behavior:**

Has your cat ever been boarded before?  Yes  No

If yes, how would you describe their experience? \_\_\_\_\_  
\_\_\_\_\_

Is your cat litter box trained?  Yes  No

Which best describes your cat?

- Indoors only/Never goes outside
- Spends some time indoors/ some outdoors
- Comes inside occasionally but spends most of time outside

**Please check all that describes you cat's personality:**

- Loves people  Loves cats  Outgoing  Shy  Playful  Cautious of strangers  Loves strangers  
 Feisty  Affectionate  Independent  Attention hog  Gentle  Mouthy

**Please check all that describes your cat's characteristics:**

- Fears noises  Excessively Meows  Likes to scratch  Bolts when doors are open  Loves catnip  
 Likes to climb

**Which best describes your cats overall level of activity?**

- Couch Potato: Spends all days and nights sleeping/ only gets up for food/litter box/ scratching post  
 Mild activity: Spends most days sleeping but likes to play with toys and/or climb occasionally  
 Moderate activity: Gets typical kitty sleep but loves to run around and climb/chase around the house/outside.  
 Prowler: Always up playing/chasing/exploring. Rarely see sleeping.

**Any additional comments or information about your cat that you feel might be helpful?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below I acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge.**

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_