



Cat Boarding Profile

Cat's name: _____ Age: _____ M/F?: _____ S/N?: _____

Description: _____

Diet and Veterinary Care

What brand of food does your cat eat? _____ Amount brought: _____

- What type of food? Dry Wet/Canned Mixed
- How often do you feed your cat? Once a day Twice a day Three times a day Out all day
- How much food does the cat get per feeding: _____
- Directions for feeding: _____

Who is your cat's veterinarian? _____ Telephone #: _____

Address: _____ Emergency #: _____

Whose name are the veterinary records under? _____

Does your cat have any past or present medical conditions? Yes No If yes what are they? _____

Is your cat currently taking medication(s)?: Yes No If yes, list what medications and why taking:

	Medication	Dosage	What for?
1.		[] am [] pm	
2.		[] am [] pm	
3.		[] am [] pm	
4.		[] am [] pm	

Directions for administering/feeding medication: _____

Is your cat currently on a special diet? Yes No If yes, what are special food / treats? _____

HEALTH & VACCINATIONS

All cats MUST be in good health and free from any communicable conditions

Please list the dates of the following vaccinations:

Rabies: _____ Next Due: _____
FVRCP: _____ Next Due: _____

*Proof of the above vaccinations are **REQUIRED** from your Veterinarian*

Flea & Tick Preventative: _____ Next Due: _____

Habits and Behavior

Describe your cat's behavior with strangers: Friendly Playful Tolerant Afraid

Has your cat ever bitten/scratched someone? Yes No *If yes, please explain:* _____

What frightens your cat: Thunder Fireworks Vehicles People City noises New places Vacuum
 Men Women Children Other _____

What does your cat do when you:

Bath / Brush him/her:

Enjoys Scared Tolerates
 Hisses Scratches Bites
 Never had a bath

Clip his/her nails:

Enjoys Scared Tolerates
 Hisses Scratches Bites
 Never trimmed nails

Hold or cuddle?

Enjoys Scared Tolerates
 Hisses Scratches Bites
 Never try to cuddle or hold

Clean his/her ears:

Enjoys Scared Tolerates
 Hisses Scratches Bites
 Never cleaned ears

Administer him/her eye medication:

Enjoys Scared Tolerates
 Hisses Scratches Bites
 Never administered eye medications

More helpful information

Please circle words below that best describe your cat:

Friendly Unfriendly Affectionate Aloof High Energy Lazy Dominant Fearful
Rough Gentle Quiet Loud Not Bright Smart Stubborn Eager to please

What toys does your cat like to play with: feather toys ball stuff toys (mice) other: _____

Owner Information

Name:		Credit Card ~ <i>to hold reservation</i>
Address:		#
Telephone:		M/C Visa Amex Disc
Work:		
Mobile:		Expiration date:
Emergency Contact:		Name of
Telephone:		
Work:		
Mobile:		

Other

Items brought with cat(s). Please list everything:

Special Instructions:

How did you hear about us? Radio Newspaper Brochure Website A friend Other: _____

Thank you for choosing the Monadnock Humane Society for your pet's retreat!