



# 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.		<input type="checkbox"/> am <input type="checkbox"/> pm	
2.		<input type="checkbox"/> am <input type="checkbox"/> pm	
3.		<input type="checkbox"/> am <input type="checkbox"/> pm	
4.		<input type="checkbox"/> am <input type="checkbox"/> 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:	<input type="checkbox"/> Credit Card ~ <i>to hold reservation</i>
Address:	#
Telephone:	M/C    Visa    Amex    Discover
Work:	
Mobile:	Expiration date:
Emergency Contact:	Name on card:
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!***