

Cat Registration

Basic Information

Cat Name: _____ Breed: _____ Color: _____

Weight: _____ Approximate Date of Birth: _____

MALE FEMALE SPAYED NEUTERED If not spayed, approximate heat date: _____

If over 7 years old, does your cat require special handling? _____

Is your cat de-clawed? FRONT ONLY FRONT AND BACK NOT DE-CLAWED

Behavioral Information

Does your cat like to be around other cats? _____

Does your cat get along well with his/her siblings? _____

Does your cat like to be around people &/or strangers? _____

In regards to people, is your cat better with? MALES FEMALES BOTH

Has your cat ever bitten or scratched anyone? If yes, please explain: _____

Check all that apply: PLAYFUL NON-ACTIVE SHY/TIMID AGGRESSIVE/MAY BITE

Does your cat prefer to be left alone or enjoy attention (petting, playing, etc.): _____

Pet Care/Feeding Information

Is your cat primarily indoors or outdoors? _____

How often do you have your cat groomed, bathed, flea dipped? _____

What brand of food do you feed your cat? _____

If your cat runs out of his/her food may we feed ours (Purina Cat Chow)? YES NO

How often do you feed your cat: ONCE/DAY TWICE/DAY FREE FEED (leave out all day as needed)

If you feed once per day, when do you feed: IN THE MORNING IN THE EVENING

If boarding multiple cats together, do we need to separate them to eat? YES NO

Medical Information

Has your cat been sick in the past 30 days? If yes, please explain: _____

List any known allergies: _____

What flea/tick prevention do you use? _____

List current medications (Include name, quantity, frequency, and time administered): _____

Please describe your cat's general health (Include any current OR PAST medical problems): _____