



Cat's Name: _____

Sex: M or F

To your knowledge has this animal bitten or showed potential to bite in the past:

Yes

No

If yes, please describe the incident: When _____

Why? _____

Has the pet ever been in an altercation? _____ Other Animal

Species: _____ What were the circumstances behind the altercation? _____

Has the pet ever been injured? _____

How? _____

Did you feed and medicate (if applicable) your cat prior to admission today?

Yes

No

Do you apply a monthly flea preventative at home

Yes

No

If yes, what brand and when was it last applied?

Has your cat had any coughing, sneezing, vomiting, diarrhea, change to thirst / appetite / urination and/or defecation habits?

Yes

No

If yes, please describe

What type of litter does your cat use? Clay? Clumping?

Do you happen to know if he/she urinated or defecated today?

urine:

Yes

Unknown

No

defecation:

Yes

No

Unknown

Do you happen to know how often he/she urinates or defecates?

Any extras wanted (ie nail trim): _____

If more than 1 cat is boarding, would you prefer that their condos be connected if possible?

(check one)

Yes

No

If yes – please note, we will separate them if we have any concerns about their health /behavior so that we can discern which cat is doing what.

Does your cat have any chronic medical issues or concerns?

Yes

No

If yes, please describe:

Does your cat have any food / environmental allergies:

Yes

No

If yes, please describe:

Current diet morning: (brand,amount,frequency):

Current diet evening: (brand,amount,frequency):

Any other meals / feeding instructions?

Current medications: (name(s), amount, frequency):

Current Insulin schedule and dose:

Type of Insulin and size of syringes:

This cat has lived in the same household with (check all that apply):

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Other dogs | <input type="checkbox"/> Others |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Children; |
| <input type="checkbox"/> Birds | Ages_____ |

How did this cat get along with the above family members?_____

This cat does not like the company of:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Small Children | <input type="checkbox"/> Cats |
| <input type="checkbox"/> Other Dogs | <input type="checkbox"/> Other:_____ |

Please explain if any of the above are checked:_____

This cat is overly protective of:

- | | | |
|---------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Its food/toys treats | <input type="checkbox"/> Own property |
|---------------------------------|---|---------------------------------------|

My cat is afraid of: (Check all that apply):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Bad weather | <input type="checkbox"/> Vet Appointments | <input type="checkbox"/> Car Rides |
| <input type="checkbox"/> Being Left Alone | <input type="checkbox"/> Loud Noises | <input type="checkbox"/> Children |
| <input type="checkbox"/> Other:_____ | | |

Check as many of the following that describe the cat's behavior and habits:

- | | | |
|---|--|--|
| <input type="checkbox"/> Yawls a lot | <input type="checkbox"/> Chases cats | <input type="checkbox"/> Likes Treats |
| <input type="checkbox"/> kneads | <input type="checkbox"/> Friendly to people | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Likes riding in cars | <input type="checkbox"/> Chews | <input type="checkbox"/> Likes |
| <input type="checkbox"/> Roams | <input type="checkbox"/> Reserved | water/swimming |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Growls | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Unruly | <input type="checkbox"/> hyperactive | <input type="checkbox"/> Friendly with other |
| <input type="checkbox"/> Submissive wetter | <input type="checkbox"/> Shy | cats |
| | <input type="checkbox"/> Friendly with other | |
| <input type="checkbox"/> Outgoing | dogs | |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Affectionate | |

Please describe your cat's overall demeanor:_____

Is there anything else we should know about this pet?

Other helpful information about my

cat: _____

Does your pet have a microchip?

Yes

No

Is the microchip registered in your name?

Yes

No

Microchip #: _____

Will you be picking up your cat from boarding?

Yes

No

If no, who do you authorize to do so (ID required)? _____

Please review and sign below acknowledging the following:

I stipulate that the information provided is true and accurate; I authorize the release of any medical records of the above animal by and for the animal to Helping Paws. I verify that the above animal has not bitten anyone in the past 30 days and is not under any quarantine or legal adjudication.

*A copy of current vaccinations and testing must be provided with application.

Payment is due when booking the boarding service online or at drop off. We do not accept checks, cash or card only

Supplies Required:

All Vet records, food, collar, tags, travel cage, toys, blanket

My signature below reflects that I have read and understand the information provided.

Print Name: _____ Signature: _____ Date: _____

Representative of Helping Paws: _____