



GENERAL INFORMATION

Name: (last) _____ (first) _____

Phone Numbers: H() _____ C() _____ Email _____

Mailing Address: _____

Cat's Name: _____ Sex _____ Spayed _____ Neutered _____

Primary Breed: _____ Color _____ Approximate Weight _____

Cat's Birthday: ____/____/____ Has your cat lived with you for less than a month? Yes / No

Emergency Contact: (Name) _____ (Number) () _____

Veterinarian's Name, Address, and Phone: _____

Email Address: _____

DIET

Will you bring your cat's food to Chateau Poochie? Yes / No

If not, please circle what type of food you would like us to feed your cat? ??????

How many times a day would you like your cat fed? 1x per day / 2x per day / 3x per day

MEDICAL

Is your cat allergic to any type of food? No / Yes

If yes, please describe the allergy and the reaction: _____

Is your cat allergic to any medication? No / Yes

If yes, please describe the medication(s) and describe the reaction(s): _____

Does your cat have any old or current injuries or health concerns? No/Yes

If yes, please explain: _____

Is your cat taking any medication? No / Yes

If yes, please name the medication(s) and the reason(s): _____

Does your cat engage in any unusual or repetitive behaviors? No/Yes

If yes, please explain: _____

BEHAVIOR

Is your cat litterbox trained? No / Yes / Paper Trained

Has your dog had any obedience training? No / Yes (circle answer) At home / Class / Professional Trainer

Describe your dog's personality: Outgoing / Verbally sensitive / Timid / Affectionate / Pushy / Independent / Reserved / Confident / Submissive / Clingy / Excitable / Playful / Gentle

Describe your cat's activity level: Low / Medium / High

How would you describe your cat's demeanor while riding in a car? Enjoys / Dislikes / Neutral

Does your dog defecate or vomit while riding in a car? No / Yes

Have you ever boarded your dog before? No/Yes

If yes, please describe your dog's experience: _____
