

CAT PROFILE



This pet profile is designed to assist Canine Connection in understanding your cat's history, personality, and temperament. Please fill out one form for each cat in your family. Pet owners are responsible for providing updated information to Canine Connection.

Owner (1): _____ E-mail Address: _____

Mobile #: _____ Home Phone: _____ Office Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Owner (1): _____ E-mail Address: _____

Mobile #: _____ Home Phone: _____ Office Phone: _____

Who referred you, or how did you hear about us? _____

Emergency Contacts (other than household member): Please check the box if they are also an alternate pick-up.

Name: _____ Phone: _____ Alternate Pick-Up

Name: _____ Phone: _____ Alternate Pick-Up

Name: _____ Phone: _____ Alternate Pick-Up

Hurricane Contact: This person is designated to pick-up your pet in the event of a Hurricane from June 1st through November 30th. Pets who do not have an emergency pick-up may not board at Canine Connection.

Name: _____ Phone: _____

Name: _____ Phone: _____

Cat Information:

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Breed:	Weight (lbs):
Color:	Distinctive Markings:		
Approximate Age or Date of Birth:	Spayed/Neutered: <input type="checkbox"/> Yes or <input type="checkbox"/> No		

Veterinarian Information:

Vet Office Name: _____ Vet Name: _____

Office Phone: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

What type of flea prevention do you give your pet? All pets are required to take routine flea prevention while using our services.

Is your cat declawed? Yes No

Which Paws? _____

Your Cats History:

How many years has your cat been in your life? _____

How and where did you acquire your cat? _____

Do you have knowledge of your cats history? _____

Has your cat ever boarded overnight? Yes No How did they do? _____

Has your cat ever bitten a person? Yes No Is this a re-occurring issue? _____

If "yes", what were the circumstances? _____

Has your cat ever bitten another cat? Yes No Is this a re-occurring issue? _____

If "yes", what were the circumstances? _____

Your Cats Health:

Please list all health issues for your cat, and how these issues are handled: _____

Does your cat have allergies? Yes No Unsure What are they? _____

Does your cat have any sensitive areas on their body? _____

Are there any restrictions that should be placed on your cats activity? _____

Your Cats Behavior:

Is your cat afraid of any specific item or noise? Please explain: _____

Are there people your cat automatically fears or dislikes? _____

Does your cat have problems in any of the following areas:

- | | | | |
|----------------|--|-----------------|--|
| Swatting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Escaping | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spraying | <input type="checkbox"/> Yes <input type="checkbox"/> No | Being Held | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Toy Possession | <input type="checkbox"/> Yes <input type="checkbox"/> No | Food Possession | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments: _____

Is your cat a picky eater? Yes No Do they have a sensitive stomach? Yes No

Etc.

Is there anything else you would like to tell us about your cat that will ensure he/or she has a wonderful time with their four-legged friends at Canine Connection?

