

Feline Boarding Profile



*Bartels Busack Pet Hospital*

*Resort & Spa*

6270 State Road  
Parma, OH 44134  
440-845-7141



**Client/Pet Information**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Emergency

E-mail: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Male Female Spayed/Neutered

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Number

Veterinarian's Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Number

Veterinarian's Address: \_\_\_\_\_



**Diet and Nutrition**

Will you bring your cat's food the Resort and Spa? Yes No

If not, please circle the type of food you would like us to feed your cat? Purina Pro Plan Chicken and Rice /  
Purina Veterinary Diet E/N (Low Residue Diet)

How many meals per day would you like your cat to be fed? 1x per Day / 2x per Day / 3x per Day  
How much would you like us to feed your pet? \_\_\_\_\_

Has your veterinarian recommended your pet lose weight? Yes No

While your pet is at the resort, would you like us to initiate a healthy weight loss program, which would be  
continued at home. Yes No



## Feline Boarding Profile

### Medical

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

If yes, please describe the allergy and the reactions: \_\_\_\_\_

Is your cat allergic to any medications?    Yes    No

If yes, please list the medication(s) and describe the reaction(s): \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Is your cat taking any medication(s)?    Yes    No

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

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

If yes, please explain: \_\_\_\_\_



### Behavior/Attitude

Is your cat litter box trained?    Yes    No

What type of litter does your cat prefer?    Clay / Paper

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 cat defecate, urinate or vomit while riding in a car?    Yes    No

Would you like information on how to prevent car sickness?    Yes    No

Does your cat normally ride in a crate while in the car?    Yes    No

At feeding times, your cat eats:    Fast / Slow

Have you ever boarded your cat before?    Yes    No

## Feline Boarding Profile

If yes, please describe your cat's experience: \_\_\_\_\_  
\_\_\_\_\_

Has your cat ever bitten a person?    Yes    No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your cat ever bitten another cat?    Yes    No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_




### Attributes

-  Climber
-  Picky Eater
-  Jumper
-  Protective
-  Mouthy
-  Fear of Noises/Thunder
-  House Trained
-  Paper/Litter Trained
-  Afraid of Men
-  Other:

### Personality

-  Outgoing
-  Sensitive to Sound
-  Timid/Submissive
-  Affectionate
-  Pushy
-  Aggressive
-  Excitable
-  Playful
-  Independent/Confident

### Behavior

-  Will bite/scratch
-  May bite/scratch
-  Hisses
-  Snaps
-  Shows teeth
-  Freezes
-  Hides in new settings
-  Move from strangers
-  Well Behaved

*Check all that apply*

### My Cat:

- Grabbing Collar
- Getting Hugs
- Being Brushed
- Being around other dogs/cats
- Being touched while sleeping
- Being touched on ears
- Being touched on paws
- Being touched on mouth
- Being touched on tail
- Having nails clipped

### Likes



### Dislikes

