

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



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

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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

