



Phone: (916) 683-4007

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FELINE GUEST PROFILE

Owner's Name (Last, First): _____

Pet's Name: _____ Nickname: _____

Primary Breed: _____ Color: _____

Sex: Male Female Spayed Neutered

Birthday or Age: _____ How long have you had this pet? _____

This pet is from: Rescue Breeder Stray Store Other _____

Veterinarian's Name and Phone: _____

DIET

Will you bring your pet's food with you? Yes No

If no, pet's preference: Hill's Kitten Hill's Sensitive Stomach Hill's Natural Diet—
(\$2/feeding additional)

Food Allergies? Yes No

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

MEDICAL HISTORY

Is your pet currently taking medication(s)? Yes No

If yes, please list the medications, dosage, when and how administered. _____

Medication Allergies? Yes No

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

MEDICAL HISTORY (cont.)

Does your pet have any past or present injuries or health concerns? Yes No

Heart Disease Respiratory Disease Seizures Arthritis

Please explain any of the above: _____

Are vaccinations up to date? Yes No

If yes, when and where given: _____

BEHAVIOR

Have you ever boarded your pet before? Yes No

If no, why? _____

Is your pet litter-box trained? Yes No

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

If yes, please explain: _____

Describe your pet's activity level: Low Medium High

Has your cat ever bitten a person? No Yes, punctured skin Yes, did NOT puncture skin

Personality	Behavior	My pet becomes unfriendly when:
<input type="radio"/> Timid	<input type="radio"/> Will bite	<input type="radio"/> Grabbed by scruff
<input type="radio"/> Affectionate	<input type="radio"/> May bite	<input type="radio"/> Hugged
<input type="radio"/> Outgoing	<input type="radio"/> Hisses	<input type="radio"/> Around other dogs
<input type="radio"/> Aggressive	<input type="radio"/> Snaps	<input type="radio"/> Touched on ears
<input type="radio"/> Playful	<input type="radio"/> Shows teeth	<input type="radio"/> Touched on paws/tail
<input type="radio"/> Verbally sensitive	<input type="radio"/> Moves away	<input type="radio"/> Touched on mouth
<input type="radio"/> Overly assertive	<input type="radio"/> Freezes	<input type="radio"/> Touched while sleeping
<input type="radio"/> Protective	<input type="radio"/> Trembles	<input type="radio"/> Removed from furniture

See separate Stay Agreement for terms and conditions