

Completed by: _____
Date: _____

Getting to know your pet

Pet Information

Owner's Name: _____ Pet's Name: _____ Microchipped: _____
Chip Number: _____ Where did you get your pet: _____
How long have you owned your pet: _____ Has your pet ever attended a boarding or daycare facility: _____ If yes, where / When: _____

Personality

Does your cat have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your cat ever bitten or been bitten: Yes No


If yes, please describe: _____

Does your cat meow/whimper a lot: Yes No (If yes) Please describe: _____

Does your cat get frightened easily: Yes No (If yes) Please describe: _____

Is there anything we should avoid doing with your cat? _____

Anything else we should know?

 I have entered the above information as truthfully and accurately as possible.

Client Signature _____

Date: _____

