

CAT APPLICATION FORM

OWNER INFORMATION	
Owners Name	
Spouse Name	
Address	Postal Code
Home Phone	Work Phone
Cellular	
Spouse Cellular	Work Phone
Email	
**Which number is the best to reach you at?	**
EMERGENCY CONTACT	
Person to contact if you or your spouse cann decisions and/or pick up.	ot be reached; this person is also able to make emergency
Emergency Contact	
Relationship to you	
Address	
Home Phone	Work Phone
Cellular	
AUTHORIZED PERSON(S) TO PICK UP YOUR	CAT: (PICTURE IDENTIFICATION WILL BE REQUIRED)
Name	Phone
Name	Phone
VETERINARY INFORMATION	
Veterinarians Name	

Hospital or Clinic Name			
Address			
Phone			
After hours/emergency phone			
Maximum amount of money to spend in case of er	mergency and we	cannot reach you \$	
PET INFORMATION			
Pet Name			
Pet Birthday			
Breed	Sex	Age	
Neutered/spayed Yes O No O		Weight	
Color/Markings			
License # Tattoo	Microc	hip	
VACCINATIONS (EXPIRY DATE)			
Feline Panleukopenia			
Feline Viral Rhinotracheitits			
Feline Calicivirus			
Feline Leukemia (optional)			
Rabies (optional)			
Do you use a flea/ tick treatment? (if so which kin	nd)		
please attach copy ofvaccination records			
GENERAL			
How long have you owned your cat?			
Have you owned your cat since he/she was a kitter	n? Yes 🔾 No 🤇	O	
If no, do you have good knowledge of your cats pri	ior history? Please	e Explain:	

Has your cat been to a daycare/boarding facility before? Yes O No O
If yes, explain any problems/concerns associated with the use of such facility:
BEHAVIOURAL
How would you explain the personality type of your cat?
Does your cat play well with others? Yes O No O
If no, please explain:
Has your cat ever shown aggression towards people? Yes O No O
If yes, please explain:
Has your cat ever bitten a person hard enough to break the skin? Explain the circumstances and cause (if known):
Has your cat ever been involved in an altercation with another cat? Yes O No O
Do you know what caused the altercation and what was the outcome?
Is there anything specific that sets your cat "off" or makes him/her upset?

FEEDING/ALLERGIES/MEDICATIONS

***We do not administer diabetes medication ***

Please provide your cat's feeding times and portion amounts (ie cup size):
**Please provide an ample amount of your cats food in a sealable container when dropping your cat off ** Does your cat have any specific dietary restrictions? (ie low calorie, allergies to food/treats/catnip) Please list
Is your cat allowed snacks/treats? Yes O No O
Does your cat have any allergies/sensitivities? (ie bee stings, bug bites, weeds, grasses, pollen) that we should know about? Yes O No O
If yes, please explain:
Does your cat need to be given any medications? Yes O No O
If yes, please explain (time of day, dosage and application method):
Has your cat been sick recently? Yes O No O If yes, please explain:
FACILITY/ACTIVITY LEVEL/TRAINING
Is your cat comfortable on a leash? Yes O No O
Is your cat known to be an escape artist? Yes O No O
If yes, please explain:
Does your cat have any problems in the following areas: (please check all that apply)
Litter box training O Scratching/Destructiveness O Separation anxiety O
Does your cat have difficulty seeing or hearing? Yes O No O

f yes, please explain:
Describe your cats activity level and/or any restrictions that should be placed upon your cats activities?
s your cat easily scared by anything? (ie noises, actions, smells, or certain objects)
Is there any particular type of person your cat tends to dislike or fear? (ie gender, children, or people in uniform):
PLAY TIME FUN (OPTIONAL)
What is your cats favourite thing to do?
Where is your cats favourite place to be scratched or petted?
What kind of toys does your cat like?
Any additional information that you feel would enhance your cats stay?
How did you hear about Fitzpatrick Kennels?
Note** we use these answers to gauge socialization skills and make your pets stay as fun as possible. These answers will also help keep our other guests and staff members safe. **