

K9 Care Camp, L.L.C.
7795 Douglas Avenue
Kalamazoo, MI 49009
269-270-3393



Cat Profile Form

Client Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those who are authorized to pick up your Cat:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone number: _____

How did you hear about us? _____

Pet Information

Cat's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/ Birthdate: _____

Gender information:

Male Female Neutered Intact

Is your cat litter trained? Yes No

Medical History

Is your cat taking any medications? ___ Yes ___ No

If yes, please fill out a medical administration form.

Has your cat had any symptoms such as sneezing, coughing, vomiting or diarrhea? ___ Yes ___ No

Has your cat been ill in the past 30 days? ___ Yes ___ No

Does your cat have any previous or current injuries, physical problems, or health concerns, including allergies?
___ Yes ___ No

If yes, please explain _____

Vaccination Records

Please list the current expiration dates for the following vaccinations (Bordetella must be administered at least 2 wks prior to boarding with us.

Rabies _____ FVRCP _____ Is your cat currently on a flea medication? ___ Yes ___ No

If we find evidence of fleas or ticks, treatment will be provided at the owner's expense using Advantage spray or topical solution.

Personality

Please check all answers that describe your cat's personality:

___ Outgoing ___ Timid ___ Aggressive ___ Affectionate ___ Reserved ___ Protective ___ Feisty

___ Friendly ___ Obedient ___ Independent ___ Playful ___ Confident ___ Submissive ___ Clingy ___ Gentle

Please check the answers that describe your cat's attributes:

___ Biter ___ Climbs or jumps fences ___ Howls ___ Meows excessively ___ Verbally sensitive ___ Low activity level ___ Medium activity level ___ High activity level ___ Separation anxiety ___ Other _____

I, the undersigned, hereby acknowledge and agree that all of the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the cat being described in this application, that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date : _____