

MILLSTONE KENNELS

A BOARDING FACILITY

CATS

Today's date: _____ E-Mail: _____

Human name: _____

Street address: _____

City & State: _____ Zip: _____

Home telephone: _____ Work: _____

Cellular: _____

Alternate person to contact: _____

Alternate person's telephone: _____

Preferred veterinarian hospital: _____

Preferred doctor: _____ Telephone: _____

Cat's name: _____ Date of birth: _____

Breed: _____ Color(s): _____

[Please circle appropriate answer]

Female / spayed Male / neutered

Is this cat an: indoor / outdoor / both

Is your cat declawed: no / front / both

Is this cat: shy - escapist - fearful - timid

If fearful, of what: _____

Any medical problems we should be aware of, such as:

Blind - deaf - diabetic - seizure's - arthritic - dysplasia - feline AIDS

Has cat had surgeries that may have altered the cat's look

or movement: _____

Does this cat tolerate being brushed: yes / no

Eating habits: how many times a day: _____ Amount: _____

Dry food only: yes / no - Mixed with: water / canned food

Fed canned food only: yes / no