



Prairie Pawz LLC
2448 Brooks Dr.
Sun Prairie, WI 53590
T 608.318.3302
www.prairiepawz.com

CAT PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your cat:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

PET GUEST INFORMATION

Name of Cat: _____ Breed: _____
Weight: _____ Color: _____ Age/Birthday: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

Has your cat ever attended a boarding facility in the past? No Yes _____

Does your cat know any commands or tricks? No Yes _____

Type of cat food, amount, and feeding instructions: _____

MEDICAL HISTORY

Is your cat currently taking any medications? No Yes

NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET

Has your cat been ill in the last 30 days? No Yes _____

Does your cat have any physical disabilities? No Yes _____

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach? No Yes _____

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

Is your cat microchipped? No Yes

Is your cat de-clawed No Yes

Note: if your cat is not de-clawed and Prairie Pawz staff feel that there is a safety concern due to nail length, a nail trim will be provided at the owner's expense.

VACCINATION RECORDS

*Please list the administration dates for the following vaccinations: **Please provide proof of vaccinations from your vet.** Staff will verify once we have received proof of current vaccinations.*

Rabies _____ FPL Panleukopenia _____ FVR Rhinotracheitis _____ FVC Leukemia _____

Is your cat currently on a flea preventative medication? (Required for all guests) No Yes

Name of brand: _____ Date of last treatment: ____/____/____

If Prairie Pawz LLC, finds evidence of ticks or fleas, treatment will be provided at owner's expense.

Is your cat being treated for heartworm? (Required for all guests) No Yes

Name of brand: _____ Date of last treatment: ____/____/____

Date of last fecal exam _____ (Must have a negative exam every six months)

PERSONALITY

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

- Outgoing Timid Affectionate Feisty Friendly Aggressive
 Playful Clingy Gentle Reserved Protective Obedient Independent
 Confident Submissive

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

- Marking Vomiting Hair balls Fear of Noises Low Activity Highly Active
 Meows Excessively Toy Aggressive Food/Treat Aggressive Separation Anxiety
 Excessive Marking Coprophagia (Eats Feces) Other: _____

Any toys/games that your cat enjoys? _____

Has your cat ever bitten or scratched a person or another cat? No Yes If yes, please explain:

Has your cat ever escaped? No Yes If yes, please explain:

Any other traits or likes/dislikes your cat has that would be helpful to know? No Yes

Is your cat allowed to have treats? No Yes

I, the undersigned, hereby acknowledge and agree that all 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 subject to 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 (s) _____

Date _____