



The Cat's Pajamas
Kingston's Premier Cat Resort

QUESTIONNAIRE

OWNER INFORMATION:

Name:
Address: Postal Code:
Phone No. Emergency No.
Email Address.

EMERGENCY CONTACT: (Family or Friend)

Name:
Phone No:

FAMILY VETERINARIAN INFORMATION:

Name:
Phone No:

CAT INFORMATION:

Name:
Date of Birth: Sex: Declawed?
Breed: Colour:
Date of Last Vaccination (proof required):

Does your cat have any existing medical conditions?

Is your cat on any medications?

Does your cat have any allergies?

What diet is your cat currently on?:

What is your feeding schedule?

What is your cat's usual personality?

Does your cat enjoy any specific treats?

Where does your cat like to be petted?

Where does your cat NOT like to be touched?

Does your cat enjoy any particular types of toys?

Is your cat an Indoor, or Outdoor cat (or Both)?

Do you want your cat to have access to the enclosed outdoor play area?
 Yes No

In general, what is your cat's attitude towards other cats?

Is your cat susceptible to intestinal upset when faced with dietary change (i.e. different treats, food)?

Have you boarded your cat before? How long?
 Where?
 How did your cat react?

DISCLAIMER

By signing this document, you acknowledge that The Cat's Pajamas, its owners and employees, will take every precaution to ensure the health and safety of your pet(s) while in our care. You agree to hold harmless, The Cat's Pajamas, its owners and employees, from any liability should your pet(s) incur any injury or illness as a result of his/her stay at The Cat's Pajamas. In the event of injury/illness, veterinary services will be provided, and the owner agrees to pay all veterinary fees. You agree to allow your veterinarian to discuss your pet's health with us.

Client signature:
 Date:

NOTE:
 If your cat is found to have fleas, it will be treated and the cost added to your bill.

