

NEW CLIENT APPLICATION					
Name of Pet Parent:		Phone Number:			
Email Address:					
Street Address:					
City:		State:		Zip:	
Name of Pet:		Sex:	Male Female	Altered: Yes No	
Species:	Breed:			Age or D.O.B.:	
Color Markings:					
Approx. Weight (Whole Numbers):		How long have you had your cat?			
Veterinarian Name:		Company:			
Vet Phone Number:		Vet Location:			
Feeding Schedule - How Much and How Often:					
Does your cat have food allergies?					
○ Yes ○ No					
If yes, please explain:					
What services are you interested in?					
Lodging Daycare Grooming					
Please describe your cat's flea/tick control and prevention program:					
Does your cat have any physical disabilities? If yes, please explain: Yes No					
Aggressive Behaviors					
Is your cat food-aggressive?			e-aggressive?	Is your cat cat-aggressive?	
Yes No I don't know		2000	I don't know	Yes No I don't know	
Yes No Taon t know	Yes	s 🤝 No	I don't know	Yes No I don't know	
Has your cat ever bitten another person?	If yes, plo	ease expla	ain the circumstances	3.	
Has your cat ever growled or snapped at a person who has taken food or toys away from your cat? If yes, what were the circumstances.					



Animal Behaviors					
List any other pets in the household:					
How does your cat react to visitors and/or their cats in your household?					
How does your cat react to other cats approaching him/her outside of the home?					
How does your cat react to puppies, other cats, or any other small animals?					
Does your cat play with toys?					
Has your cat ever chased someone (or wanted to) on a skateboard, bicycle, or car? If yes, what were the circumstances?					
on our instances.					
Is your cat frightened or nervous around anything else? If yes, please explain.					
Pet History					
How did you get your cat?					
Adopted/Purchased as a kitten Adopted/Purchased with knowledge of history					
Adopted/Purchased with no knowledge of history.					
Please share any information of your pet's history that you may have.					
Is your cat afraid of men or women?					
Men Women Both Neither					
Which best represents your cat's overall level of exercise routine?					
Couch Potato: Lots of sleep, occasional playtime with humans or other cats					
Mild Exerciser: Short daily walks or regular playtime with humans or other cats					
Moderate Exerciser: Long or multiple walks daily or regular playtime with humans or cats					
Athlete: Needs a lot of exercise to be happy					
How would you describe the energy level of your cat? Was your cat declawed? If so, when?					
○ Low ○ Medium ○ High ○ Yes ○ No					
Is there anything else you would like us to know about your cat?					