



Queen West Animal Hospital  
Animal Haus  
931 Queen St West  
Toronto On, M6J 1G5  
416 -815 -8387  
animalhaus@queenwestvets.com

## CAT HAUS ENROLLMENT FORM

**Client Information \*Please Print\***

Primary Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us?

- Current Client at Queen West Animal Hospital
- Friend Referral: if so whom? \_\_\_\_\_
- Walk By
- Website
- Internet Search: \_\_\_\_\_

**Emergency Contact \*Please Print\***

In the event of an emergency in which we are unable to reach the primary or secondary contact as listed above. Please list **TWO** emergency contacts that will be available while you are away and whom you give consent to make medical decisions on your behalf.

Primary Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Secondary Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Veterinary Information \*Please Print\***

Name of Veterinarian: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Address of Clinic: \_\_\_\_\_

Closest Intersection: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of last FVRCP vaccination: \_\_\_\_\_ (day/month/year)

Date of last Rabies vaccination: \_\_\_\_\_ (day/month/year)

Expiry Date: 1 year or 3 year (please circle)

Is your cat on any flea prevention program?  Yes  No

Name of product used: \_\_\_\_\_

Last Treatment date: \_\_\_\_\_

**Cat Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ (month/day/year)

Spayed or Neutered :  Yes  No

At what age was this done? \_\_\_\_\_ Weight (approx): \_\_\_\_\_

Colour/Markings: \_\_\_\_\_

Microchip or Tattoo: \_\_\_\_\_

**Health Information *\*Please Print\****

Does your cat have any current or previous medical problems of which we should be made aware ?  Yes  No

If yes, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your cat on any current medications that will need to be administered while staying with us?  Yes  No

If yes, please fill out the following:

1) Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route of Administration (ie oral, topical etc) \_\_\_\_\_

Frequency given (give us clear times when medication is due)

\_\_\_\_\_

2) Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route of Administration (ie oral, topical etc) \_\_\_\_\_

Frequency given (give us clear times when medication is due)

\_\_\_\_\_

3) Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route of Administration (ie oral, topical etc) \_\_\_\_\_

Frequency given (give us clear times when medication is due)

\_\_\_\_\_

### **IMPORTANT MEDICATION NOTICE**

I, \_\_\_\_\_ understand that I am fully responsible for informing Queen West Animal Hospital's Animal Haus Boarding facility of all my cat's medications including, but not limiting to:

- Ensuring ALL medications are clearly labeled with my cats name, the medication name, strength, route of administration, dose to be given and dosing interval
- Queen West Animal Hospital's Animal Haus Boarding facility has the right to refuse to give my cat any medication that is not clearly labeled with any portion of the above information.
- Ensuring that my cat has enough medication to last the entire boarding period at Queen West Animal Hospital's Animal Haus Boarding facility
- Queen West Animal Hospital's Animal Haus Boarding facility is not responsible for refilling or ordering any medications while I am away.
- Paying a medication administration fee of \$11 per day that medications are to be given.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Temperament & Behaviour** *\*Please Print\**

Has your cat ever been to a boarding facility before?  Yes  No

If yes, where? \_\_\_\_\_

Was it a good experience for your cat? Please explain: \_\_\_\_\_

\_\_\_\_\_

Has your cat ever bitten anyone?  Yes  No

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Has your cat ever shown signs of aggression toward people or other animals?

Yes  No

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Does your cat like to be brushed?  Yes  No

Does your cat like to be held?  Yes  No

Are there any areas on your cat's body that he/she does not like to be pet?

Yes  No

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Please check off all toys that your cat likes to play with

Ball  Crinkle Ball  Cat nip Toy  Bell  Ribbon Toy

Treat Ball  Other: \_\_\_\_\_

**Feeding *\*Please Print\****

How often do you feed your cat per day? \_\_\_\_\_

How much do you feed at each meal? \_\_\_\_\_

What diet are you feeding your cat? \_\_\_\_\_

Do you give your cat any treats?  Yes  No

If yes what treats does he/she like? \_\_\_\_\_

Does your cat have a medical condition that requires regular times feedings?

Yes  No

If yes, please elaborate:

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Does your cat have any food allergies or intolerances that we need to be aware of?

Yes  No

If yes, please elaborate:

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**IMPORTANT FEEDING NOTICE**

Please note that you are responsible for supplying your cat's food for the entire boarding period. This is to ensure no GI upset occurs with sudden diet changes. If you do not provide us with enough food for the boarding period your cat will be fed Purina ProPlan Veterinary Diet EN at an additional cost of \$10 per day.