



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 \$11.00 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:

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

Yes No

If yes, please elaborate:

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 you cat will be fed Purina ProPlan Veterinary Diet EN at a additional cost of \$10.00 per day.

Owner Name: _____ Date: _____

Signature: _____