



CAT 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: _____

How did you hear about us?

Friend Referral: if so whom? _____

Walk By

Website

Internet Search: _____

Emergency Contacts *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. *Please Print*

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*: _____

Phone number*: _____

Date of last FVRCP vaccination*: _____ (month/day/year)

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

Date of last Rabies vaccination*: _____ (month/day/year)

Expiry Date*: 1 year or 3 year (please circle) *Required to board at Animal Haus*

Brand name of the Vet prescribed flea preventative your cat is using: _____

Last treatment date**: _____ (month/day/year)

**All pets staying at Animal Haus must be currently using a Veterinarian prescribed Flea preventative during their stay regardless of the season.

(Note: In the event fleas/ticks are found on your pet, you will be contacted, and your pet may be quarantined or sent home early)

Medical History

Animal Haus recommends that pet owners ask their veterinarian to provide us with a full medical history for each pet in our care. In case of emergency those records will be provided to the veterinarian overseeing the emergency care of your pet. You may decline to provide a full medical history.

I, _____, decline to provide a complete medical history on my cat(s) to Queen West Animal Hospital’s Animal Haus Boarding facility.

Owner Name: _____ Date: _____

Signature: _____

If you decline to provide a complete medical history to Queen West Animal Hospital’s Animal Haus, we will require up to date Vaccination certificates and proof of neuter or spay if your cat is over the age of 6 months.

Cat Information

Name: _____ Breed: _____ Sex: _____ Age: _____

Birth day: _____ (month/day/year) Colour/Markings: _____

Microchip or Tattoo: _____ Spayed or Neutered *: Yes No **(Note:**

we do not accept intact cats after 6 months of age)

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 limited to:

-Ensuring **ALL** medications are clearly labeled with my cat’s name, the medication name, strength, route of administration, dose to be given and dosing interval. I understand that

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.

-Paying a medication administration fee of \$11.70 per day that medications are to be given, or a medication administration fee of \$19 per dose if the medication is to be administered by injection.

I understand that Queen West Animal Hospital's Animal Haus is not responsible for refilling or ordering any medications while I am away.

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 towards people or other animals? Yes No

If yes, please elaborate: _____

Please check off your cat's favorite toys:

Ball Crinkle Ball Cat Nip Bell Ribbon Toy Fishing Pole Toy

Other: _____

Does your cat like to be brushed? Yes No

Does your cat like to be held? Yes No

Does your cat mind being picked up/moved around? Yes No

Are there any areas on your cat's body that he/she does not like to be touched? Yes No

If yes, please elaborate: _____

Any additional information you can provide to help us get to know your cat:

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 regularly timed meals? 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 your cat will be fed Purina ProPlan Veterinary Diet EN at an additional cost of \$10.80 per day.

Signature: _____ Date: _____