

CAT REGISTRATION FORM



Paws Claws N' Tails Kennel and Day Care

For Cats staying at PCT's Boarding and/or Day Care Facility

306-693-0310

Date/Time Field

Owner's Name _____ Email _____

Address _____ Postal Code _____

Home Phone _____ Cell Ph _____ Work # & Ext _____

Please use the drop down box or write in the best of these numbers to reach you.

Spouse's Name _____ Email _____

Cell Ph _____ Work # & Ext _____

Please use the drop down box or write in the best of these numbers to reach you.

Emergency Contact Information: Person to contact if you or your spouse cannot be reached; this person is also able to make emergency decisions and/or pick up your pet if necessary. Picture ID required for other than owner pick-up.

Contact's Name _____ Relationship _____

Address _____ Postal Code _____

Home Phone _____ Cell Ph _____ Work # & Ext _____

Please use the drop down box or write in the best of these numbers to reach contact.

Veterinarian's Name _____

Clinic Name _____

Clinic Address _____

Clinic Phone _____ Emergency Phone _____

In case of an emergency requiring veterinary care and we are unable to reach you, what would be the maximum amount of money to spend?

Your Cat(s)

Cat #1's Name _____ Breed _____

Approx Age _____ Male, or Female Neutered/spayed? Yes, or No

Licence #? _____ Tattoo? _____ Microchip? _____

Colour/Markings _____

How long has this pet been in your family? _____

Cat #2's Name _____ Breed _____

Approx Age _____ Male, or Female Neutered/spayed? Yes, or No

Licence #? _____ Tattoo? _____ Microchip? _____

Colour/Markings _____

How long has this pet been in your family? _____

Cat #3's Name _____ Breed _____

Approx Age _____ Male, or Female Neutered/spayed? Yes, or No

Licence #? _____ Tattoo? _____ Microchip? _____

Colour/Markings _____

How long has this pet been in your family? _____

Your cat(s): For boarding and daycare pets. The following questions will allow us to get to know your pets and assist us to make sure that their stay with us is as safe and enjoyable as possible. Please help us by answering as best as you can.

If you answer YES to any questions please provide a brief explanation of circumstances at the end.

1. Has your cat been to a daycare/boarding facility before? (no explanation required) Yes, or No
2. Were there any problems/concerns associated with the use of such facility? Yes, or No
3. Has your cat ever shown aggression towards people? Yes, or No
4. Has your cat ever bitten a person hard enough to break the skin? Yes, or No
5. Has your cat ever been involved in an altercation with another cat? Yes, or No
6. Do you know what caused the altercation and what was the outcome? Yes, or No

7. Is there anything specific that sets your cat "off" or makes him/her upset? Yes, or No
8. Does your cat have any allergies/sensitivities? (ie bee stings, bug bites, weeds, grasses, pollen) that we should know about? Yes, or No
9. Does your cat need to be given any medications?
If yes, please explain (time of day, dosage and application method): Yes, or No
10. Does your cat have any specific dietary restrictions? (ie low calorie, allergies to food/treats/catnip) Please list and explain. Yes, or No
11. Does your cat have difficulty seeing or hearing? Yes, or No
12. Is your cat known to be an escape artist? Yes, or No
13. Does your cat have any problems with litter box training, scratching, separation anxiety or destructiveness? Yes, or No
14. Is your cat easily scared by anything? (ie noises, actions, smells, or certain objects) Yes, or No
15. Is your cat comfortable on a leash? Yes, or No
16. Is there any particular type of person your cat tends to dislike or fear? (ie gender, children, or people in uniform): Yes, or No
17. Has your cat been sick recently? Yes, or No

For the above questions: Please enter the question number and a brief explanation for any YES answers in the area below.

Vaccinations: Please indicate **expiry** dates of your pet(s) vaccinations. If you have more than one pet and all dates are the same enter S in the first column of the 2nd and 3rd pet.

Please understand that for all pets' safety at PCT Kennels a note from your Vet or record of current vaccinations will be required.

	Cat # 1	Cat # 2	Cat # 3
Panleukopenia	Date _____	Date _____	Date _____
Viral Rhinotracheitis	Date _____	Date _____	Date _____
Calicivirus	Date _____	Date _____	Date _____
Rabies	Date _____	Date _____	Date _____
Chlamydia	Date _____	Date _____	Date _____
Leukemia (recommended)	Date _____	Date _____	Date _____

Do you use a flea/tick treatment? Which kind? _____

We use the following questions to determine if your cat's level of socialization with other cats and to ensure your pet has fun during his stay with us.

Does your cat play well with other cats?

Answer _____

What is your cat's favorite thing to do?

Answer _____

What is your cat's favorite place to be scratched or petted?

Answer _____

What kind of toys does your cat like?

Answer _____

How would you describe your cat's activity level? (playful, calm, active, laid back etc)

Answer _____

At what time of day does your cat normally eat, how much does he eat? (eg 1 cup)

Answer _____

How did you hear about Paws Claws N' Tails?

Answer _____

Thank you for taking the time to tell us this valuable information about your pet.