Boarding Admission Questionnaire for _____(cat's name)

To expedite your cat's boarding admission process, please fully answer the following questions. A technician will review this with you to ensure we can take the best care possible of your feline friend.

If your carrier is staying at the clinic, what color is it and is it a hardsided or soft sided carrier?
_____

Did you bring any toys or blankets/towels? (circle one) YES / NO If yes, please describe in detail:
_____

Did you feed and medicate (if applicable) your cat prior to admission today? (circle one) YES / NO

Do you apply a monthly flea preventative at home? (circle one) YES / NO

      If yes, what brand and when was it last applied? _____

Has your cat had any coughing, sneezing, vomiting, diarrhea, change to thirst / appetite / urination and/or defecation habits? (circle one) YES / NO

      If yes, please describe _____

What type of litter does your cat use? Clay? Clumping? _____

Do you happen to know if he/she urinated or defecated today? urine: YES / NO / UNKNOWN defecation: YES / NO / UNKNOWN

Do you happen to know how often he/she urinates or defecates? _____

Any extras wanted (ie nail trim): _____

If more than 1 cat is boarding, would you prefer that their condos be connected if possible? (circle one) YES / NO

      If yes – please note, we will separate them if we have any concerns about their health /behavior so that we can discern which cat is doing what.

Will you be picking up your cat from boarding? (circle one) YES / NO

      If no, who do you authorize to do so? _____

What time of day do you expect to pick up? _____

What dates will your cat be staying with us through? Drop off on ___/____/____ Pick up on ___/___/____

Does your cat have any chronic medical issues or concerns? (circle one) YES / NO

      If yes, please describe: _____

_____

Does your cat have any food / environmental allergies: (circle one) YES / NO

      If yes, please describe: _____

Current diet morning: (brand,amount,frequency): _____

Current diet evening: (brand,amount,frequency): _____

Any other meals / feeding instructions? _____

Current medications: (name(s), amount, frequency): _____

_____