

(please print and complete form and bring it when you check in)

Park City Pet Resort Guest Profile (Cat)

***Please Complete This Form Entirely**

Owner's Name: _____ Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Name of Cat: _____ Weight: _____ Color: _____

Birth Date: _____ Microchip # (if available) _____

Cats Sex: _____ Spayed _____ Neutered _____

Please list the current expiration dates for the following vaccinations (required)

Rabies _____ FELV _____ FVRCP _____

FIV/FELV Test (cage-free playroom) Pos or Neg When tested? _____

Please describe any medical or physical problems, including allergies:

How active is your cat? Low / Average / High

Has your cat been ill in the last 30 days? Yes No

If yes, please explain:

Has your cat had surgery in the past year or any chronic health problems? Yes No

If yes, please explain:

Has your cat ever been boarded in a cage-free environment? Yes No

If yes, was it a positive experience?

Has your cat ever exhibited aggressive behavior towards people? Yes No

If yes, please explain:

Brand of food _____ How much per feeding _____ How Often _____

Circle your cat's eating habits:

Eats all food at mealtime

Nibbles throughout day

Goes for periods without eating

Sometimes requires more palatable food to be mixed in to eat

Special Feeding Preparations: _____

Please list any special care or boarding requests for your cat:

Veterinarian's Name: _____ Phone: _____

Address: _____ City: _____

Authorized Veterinary Urgent Care Spending Limit: \$ _____

Emergency Contact (other than owner):

Name: _____ Phone: _____

If, in our judgment, your cat requires immediate medical care and we are unable to reach you, we will take your cat to Park City Animal Clinic.

By signing below, you confirm that the above is correct to the best of your knowledge, and that you will provide further information upon future visits.

Signature _____ Date _____