

# CAT PROFILE

Posh Pet Hotel  
6710 S. Dixie Highway, West Palm Beach, FL 33405  
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## OWNER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list those whom are authorized to pick up your cat:

1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

## VETERINARIAN

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## PET GUEST INFORMATION

Cat's Name: \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

## MEDICAL INFORMATION

Is your cat currently on flea preventative medications? (Required for all guests)  Yes  No

Name of brand used: \_\_\_\_\_ Date it was last given: \_\_\_\_\_

Does your cat have allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your cat take any medications?  Yes  No

Please list any medication(s) and reason: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach?  Yes  No

If yes, what symptoms: \_\_\_\_\_

Are there any restrictions of your cat's movements?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your cat have any old or current injuries or health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your cat suffer from:  Diabetes  Heart Disease  Seizures  Arthritis

# CAT PROFILE

## CAT BEHAVIOR

Has your cat ever been boarded before?  Yes  No

If yes, please describe the experience: \_\_\_\_\_

Is your cat litter box trained?  Yes  No

Please check all answers that describe your cat's personality?

Outgoing  Playful  Submissive  Reserved  Affectionate

Friendly  Confident  Clingy  Gentle  Feisty  Independent

Please check all answers that describe your cat's attributes?

Likes to scratch  Biter  Fears noises  Meows excessively  Verbally sensitive  Separation Anxiety

Describe your cat's activity level:  Low  Medium  High

Please check all that describe situations where your cat may become unfriendly:

Grabbing collar  Petting  Touching Paws  Touching Ears  Touching tail

Touching while sleeping  Meeting strangers  Being hugged  Being brushed

Other \_\_\_\_\_

Has your cat ever displayed any of the following reactions? (Please check all that apply):

Will bite  May bite  Growls  Snaps  Trembles  Freezes  Backs away

Does your cat engage in any unusual repetitive behaviors?  Yes  No

If yes, please explain: \_\_\_\_\_

Any additional information you would like to share about your cat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the cat subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_