

LEASH & BRIDLE BOARDING
CLIENT / CAT INFORMATION

Owner's Name: _____

Home Phone: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Cell Phone: _____

E-mail _____

Vet: _____

Address: _____

phone: _____

Emergency Contact:

Name: _____

phone: _____

Person authorized to pick up your pet:

Name: _____

Phone: _____

Pet #1 Name: _____

Breed: _____

Color: _____ Birthdate: _____

Male _____ Neutered _____ Female _____ Spayed _____

Pet #2 Name: _____

Breed: _____

Color: _____ Birthdate: _____

Male _____ Neutered _____ Female _____ Spayed _____

Pet #3 Name: _____

Breed: _____

Color: _____ Birthdate: _____

Male _____ Neutered _____ Female _____ Spayed _____

If you have more than one cat may they be fed together? _____

Type of food provided at home _____

Amount and frequency _____

Is your cat allowed to have treats? _____

Does your pet have any allergies, medical or health problems? If yes, please explain _____

Is your cat afraid of thunder or fireworks? _____ If so, how do you comfort him? Special Instructions _____

Has your cat ever bitten or scratched when held _____

Under what circumstances _____

Does your cat have any "touchy" spots that should be avoided _____

Does he bolt through open doors _____

Does he like attention or prefer to be left alone _____

If male, does he spray or "mark his territory" _____

Is he playful _____

Anything more you'd like us to know about your cat: _____
