



Cat Profile and Parent Information

Parent Name _____ Cat's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Home Phone _____ Work Phone _____

Cell Phone _____ Cell Phone Provider _____ May we text you? _____

Gender Male Female Neutered Spayed

Breed _____ Color _____ Weight _____ Date of Birth _____

Veterinary Clinic _____ Phone Number _____

Allergies _____ Medications _____

Flea Control (circle one) Yes / No

1. Food Brand _____ Flavor _____

2. Does your pet engage in any unusual or repetitive behaviors? _____

3. Is your pet litter box trained? _____

4. Have you ever boarded your cat before? _____

5. Has your cat ever bitten anyone? _____

6. Does your cat shy away from strangers? _____

7. Would you like your cat to have play time in the cat room? _____

8. How did you hear about Spa Paw & Tail? _____

Reminders of Policies:

Please bring litter, food and treats for your cat's stay with us

If your pet runs out of food or litter during their stay we will provide at a cost to you

You are 100% responsible for the actions of your cat while in our care. Please disclose all concerns with staff.

Reservations are not confirmed until all signed documentation and vaccination records are received with a deposit.

No cat will be admitted to Spa Paw & Tail without adequate vaccinations

Parents Signature

Date Signed