



BOARDING PLACE FOR CATS

3570 Airport Rd. ♥ Sacramento, CA 95834
916-419-7396 ♥ www.patsplaceforcats.com

Guest Questionnaire

(Informaion Sheet)

Please help us provide your cat with the best service and attention possible by completely filling out the following information:

Owner's Name & Address

Contact Information

Home: _____
Cell: _____
Work: _____
Email: _____

Cat Name(s) Color/Breed Age M/F Spay/Neuter* Declawed

* All cats and kittens over 6 months of age MUST be spayed or neutered to board at Pat's Place

Veterinarian's Name & Address

Phone _____

How can we best contact you during your cat(s) stay with us?

If we cannot reach you, who can we contact in an emergency situation that can make decisions about your cat(s) care? Please inform your contact that they are on file with us. *Note: Your veterinarian can NOT be used as an emergency contact.

Immunizations

* We require proof that FVRCP & rabies vaccinations are current at the time of boarding. We recommend the Leukemia vaccination as extra protection for your cat(s) but it is not required and should be discussed with your veterinarian. We do not accept cats that have tested positive for FeLV nor FIV.

What food does your cat(s) eat and how much? Please provide brand name, measured amounts or free feed, and how many times a day you are feeding your cat(s). If feeding canned food, please specify preferred flavors and textures (i.e.- chicken, turkey, fish, pate, shreds, extra gravy, etc.)

Can your cat(s) enjoy treats such as Party Mix or Temptations or Bonito Flakes while boarding?

Do we need to give your cat(s) any kind of medication, vitamins, hairball gel, etc.; during their stay with us? All medications need to be clearly labeled with the name, dosage, and frequency. All medications will be given according to the veterinarian's instructions.

* Note: Additional administration fees apply.

Are there any general behavior traits or special things we should know about your cat(s)?

* Examples include, but are not limited to: seasonal allergies (runny eyes and/or nose, sneezing); occasional gastrointestinal upset (loose stool/diarrhea); occasional hairballs or vomiting; allergies to medications, flea preventions, or a type of food.

Has your cat(s) had a flea preventative applied? Please provide date or approximate application date and brand of product used.

POLICY ON FLEAS/FLEA TREATMENT:

If we find that a cat has fleas while in our care, we will treat them with ADVANTAGE. This is a highly recommended and effective topical formula. This treatment will be added to your boarding bill. If you have concerns about fleas, we recommend that you consult your veterinarian about options for flea prevention.

Can your cat(s) enjoy being outside on our enclosed patio? _____

Can your cat(s) enjoy catnip toys while staying with us? _____

Please list any belongings that you provided for your cat(s) such as carrier, toy, pillow, article of clothing, etc. *Note: We do our very best to keep track of personal items but it is possible for them to get lost in all the toys, put into the litter box by your kitty, or to get into our laundry.
