

<u>Cat Enrollment Form (boarding</u>	<mark>( &amp; daycare)</mark>			
Owner name:				
Cat name:		Male/Female	Neutered/Spayed	
DOB:	Breed:		Color(s):	
Health History:				
Casa de Amigos Animal Hotel re proof of the following vaccines	•		-	rovide
-Rabies				
-FVRCP				
We strive to maintain a flea-free preventative. Has your cat had a		·	· · · · · ·	
If not, and we see evidence of factorial facto		·		he oral
Does your cat have any known a	,		,	<u>Y/N</u>
In the event that your pet runs of kennel provided food in its place		u have provided, o	do we have permissic	n to feed
If no, is there someone we can	contact to del	iver more food?		

Today's Date: \_\_\_\_\_

## **Behavioral Questions:**

Please an	swer the	following	questions	regarding	vour ca	at's nei	rsonality:	,
r icase an	SWEI LITE	TOHOWING	questions	regarding	your co	it a hei	Somanty.	ı

Does your cat have a history of food aggression? Y/N
 Is your cat territorial with belongings? Y/N
 To the best of your knowledge, has your cat ever bitten/scratched a person? Y/N
 Does your cat have any behavioral triggers? (ie men, people in hats, etc.) Y/N
 If yes, please explain:

5. Is there anything else you would like us to know about your cat?

By initialing below, I understand and acknowledge that unsuitable pet behavior may result in termination of boarding and daycare privileges.

\_\_\_\_\_Initial here