



170 E. Madison Street
E. Islip, NY 11730
Phone: 631-277-3675
Fax: 631-581-5037
www.catspa.net
E-Mail: catspa@optonline.net

Name: (owner) _____

Address: _____

Telephone: Home - _____ Cell - _____

Emergency Telephone number: _____

Name other authorized individual to pick up your cat: _____

E-Mail: _____

Cat's Name: _____ Color/Breed: _____

Age: _____

Sex: Male/Female

Declawed? Yes/No

Neutered/Spayed: Yes/No

Indoor, Outdoor or both (please circle one)

Do you use flea and tick prevention? Yes/No If yes, when was the last date? _____

If no, for your cats safety we require the use of flea prevention, i.e. Advantage, Bio Spot, Frontline

Medical Record: (Please bring copies. This is for your cat's safety)

Health Certificate

Rabies Vaccination

FVRCP

FeLV (optional)

Is your cat on medication: Yes/No If yes, please tell us:

Drug Name: _____

Dosage: _____

Ailment: _____

Does your cat need to be sedated before going home: Yes/No

Cat's favorite food:

Canned: _____

Semi-Moist: _____

Dry: _____

Milk: _____

Water: Will always be given.

Feeding schedule: Number of times per day: _____

Amount of food: _____

If your cat is on prescription food or home cooking, please bring an ample supply to last for the duration of the stay.

Cat Litter (please circle one): Clay Clumping Pine Pearl

Likes to be brushed/combed: Yes/No

Has to be brushed/combed: Yes/No

Do you want us to cut his/her claws: Yes/No

Do you want your cat to come out of his/her condo at least once a day: Yes/No

Veterinarian:

Name: _____

Address: _____

Telephone: _____

Please use below for any other pertinent information. We'll promise to do anything for your cat to make him/her purrrfectly happy.

Referred by: _____

Today's date: _____

Suite: _____

Cat's favorite pastime, and anything else you would like to tell us to make your cat's stay the next best thing to being at home.