

**2020 CAT APPLICATION**

*Note: Please fill out a second Application, Rules & Regulations Agreement, Veterinary Form, and Medical Care Release Forms separately for any additional pets.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ #1 Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ #2 Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ Yes, please put me on the email list to receive Wright Pet Kennels' quarterly newsletter "Dog Tales".

**Pet Information**

Name \_\_\_\_\_ Breed \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Age \_\_\_\_\_ Pet's date of birth \_\_\_\_\_

Is your pet spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No Microchip ID# \_\_\_\_\_

List all medications your pet is currently taking. \_\_\_\_\_

Please provide detailed instructions on last page for administrating these medications.

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Veterinarian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pet Profile & General Information**

If adopted, do you have knowledge of your pet's history? If yes, describe.

\_\_\_\_\_

What brand of cat food do you feed your pet? \_\_\_\_\_

Describe how your pet gets along with other animals in your household:

\_\_\_\_\_

List other animals in your household:

Species	Breed	Altered?	Age	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Health & Grooming

Do restrictions need to be placed on your pet's activities or movements because of joint or other pain? Describe.

Does your pet have a flea problem?  Yes  No

Does your pet have allergies?  Yes  No To what? \_\_\_\_\_

Does your pet like to be brushed?  Yes  No

How does your pet react to having his/her nails clipped? \_\_\_\_\_

Does your pet have any sensitive areas on his/her body? Describe. \_\_\_\_\_

Where are your pet's favorite petting and scratching spots? \_\_\_\_\_

### Cat Behavior

Is your cat fearful of dogs?  Yes  No

Is your cat de-clawed?  Front  Back  Both

Is your cat litter box trained?  Yes  No

Does your cat play with any toys?  Yes  No Describe. \_\_\_\_\_

Please list any other comments or information about your cat that might be helpful.

*Don't forget to bring enough food for the duration of your cats stay, any favorite toys, bedding, and detailed medication instructions.*

***Thank you for choosing Wright Pet Kennels to care for your pet.***