

## AHPR Cat Profile Lodging

*\*If more than one cat please complete a separate form for each cat.*

**Owner's Name(s):**

**Date:**

### Cat Profile:

Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birthday date: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_

Current vaccinations submitted or on file? Yes \_\_\_\_\_ No \_\_\_\_\_

How long has this cat been in your family? \_\_\_\_\_

Has your cat ever boarded at a pet center or a veterinarian before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, were any problems or concerns noted during or after the stay?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

---

**Feeding Instructions:**

Please describe details of your cat's diet – type (kibble and/or canned and brand names)

---

Do you feed: Morning: Amount \_\_\_\_; Afternoon: Amount \_\_\_\_; Evening: Amount \_\_\_\_

Special Instructions:

---

Does your cat have any food allergies?

Yes \_\_\_\_ No \_\_\_\_

If yes: please describe:

---

**Water Consumption habits:**

How much does your cat drink in a day? \_\_\_\_\_

½ cup \_\_\_\_ 1 cup \_\_\_\_ 1 ½ cup \_\_\_\_ 2 cups \_\_\_\_

**Medical / Health Issues:**

Please describe any medical / health issues that we should know about your cat:

Allergies? Yes \_\_\_\_ No \_\_\_\_

Pre-existing medical conditions? Yes \_\_\_\_ No \_\_\_\_

Recent Surgeries? Yes \_\_\_\_ No \_\_\_\_

Physical Disabilities? Yes \_\_\_\_ No \_\_\_\_

Are there any restriction on your cat's activities or movements? Yes \_\_\_\_ No \_\_\_\_

If Yes to any of the questions above: Please explain:

---

Is your cat declawed? Yes \_\_\_\_ No \_\_\_\_

Does your cat have a history of urinary infections? Yes \_\_\_\_ No \_\_\_\_

Estimated volume of urine a day? ¼ cup \_\_\_\_ ½ cup \_\_\_\_ ¾ cup \_\_\_\_ 1 cup \_\_\_\_

Is your cat on any medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please list below:

Medication #1 Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Number of times given per day \_\_\_\_

Medication #2 Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Number of times given per day \_\_\_\_

Medication #3 Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Number of times given per day \_\_\_\_

***\*If more than 3 medications please list additional meds on the back of this sheet.***

**Background:**

Is your cat an indoor or outdoor cat? \_\_\_\_\_

Does your cat use a litter box? Yes \_\_\_\_ No \_\_\_\_

Please list any fears your cat may have: Thunderstorms \_\_\_\_ People \_\_\_\_ Loud noises \_\_\_\_

Other \_\_\_\_ If other, please explain:

\_\_\_\_\_

Can you describe your cat's behavior when he/she is frightened or stressed and specifically what helps your cat's fear?

\_\_\_\_\_

Has your cat ever escaped your house? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain the circumstances:

---

Has your cat ever hissed at someone? Yes \_\_\_\_ No \_\_\_\_

Has your cat ever bitten someone? Yes \_\_\_\_ No \_\_\_\_

If yes, what were the circumstances?

---

How would you describe the energy level of your cat?

Low \_\_\_\_ Medium \_\_\_\_ High \_\_\_\_

Does your cat play with toys? Yes \_\_\_\_ No \_\_\_\_

If yes; what kind of toys? \_\_\_\_\_

Do you currently have any issues with your cat chewing inappropriate items or being destructive? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain circumstances:

---

Please list any additional physical or emotional information about your cat that you think we should know, so we can make your pet's stay as comfortable as possible.

---

---