

Home Away From Home Kennels Cat History Questionnaire

Date: _____

Owner Name: _____ Pet Name: _____

1. Has the cat named above ever boarded before? Yes No

If yes, was it at : Vet Clinic Boarding Facility

How long was your cat's last stay? _____

If yes, did your cat experience any of the following:

Circle and/or Check Mark

Weight loss or weight gain	
Diarrhea or loose stools	
Vomiting/Hairballs	
Change in appetite	
Change in usual activity level	
Excessive drinking	
Change in personality	
Came home w/fleas or ticks	
Refused to use litter box	

Important Things To Mention About:

Face/Mouth _____

Eyes _____

Ears _____

Legs _____

Paws _____

Body _____

Stomach _____

Hind Area _____

Tail _____

2. What brand of food does your cat eat at home? _____ Dry Only Wet Only Mix

3. Do you routinely use a flea &/or tick treatment on your cat? Yes No

If yes, which brand of prevention is he/she on? _____

How is it applied? _____

4. Does your cat do well with strangers? Yes No

Briefly explain: _____

5. Does your cat spend much of his/her time: Indoors Only Outdoors Only Both

6. Is your cat declawed: No Front Paws Only Back Paws Only All Paws

7. How was your cat obtained? Purchased from breeder Adopted from City Pound

Adopted from a shelter Given to me from an acquaintance Found as a stray