

# COZY CAT LODGE

## Application

Date: \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Email address \_\_\_\_\_

Emergency contact \_\_\_\_\_ Your cell \_\_\_\_\_

Pet name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Pregnant \_\_\_\_\_

Coloring/distinctive markings \_\_\_\_\_

Date of birth \_\_\_\_\_ Most recent weight \_\_\_\_\_

Personality traits \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Both \_\_\_\_\_ Could your cat have fleas? \_\_\_\_\_

Feeding Instructions \_\_\_\_\_

Special Services \_\_\_\_\_

Remarks \_\_\_\_\_

## Medical History

Veterinarian's name \_\_\_\_\_ Phone \_\_\_\_\_

Name of flea preventative \_\_\_\_\_ Date applied \_\_\_\_\_

Vaccinations (when?) \_\_\_\_\_ Must provide vaccination record.

## Please Complete Additional Information

Referred by \_\_\_\_\_

Pet date in \_\_\_\_\_ Date out \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_