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Please take a moment to fill this out with as much detail as possible and either email back to us, or bring with you at check-in along with your pets vaccinations.

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Cat's Name & Breed \_\_\_\_\_

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE.

**Is this cat de-sexed?** All male cats are required to be de-sexed by the age of 4 months to be accepted for boarding or day care.

**Vaccinations:** Your cat must have a current F3 or F4 Vaccination (within last 12 months).

**Background history of your cat:** eg, did the cat come from a breeder/pet shop/re-homing shelter?

**What age was your cat when aquired?**

**Has your cat been in a boarding facility previously? Yes/No. If yes, was his/her experience beneficial?**

**Favourite activity/toy**

**What brand of food do you feed your cat at home (please be specific)?**

**If your pet displayed no appetite for 5 days, what would you buy and offer that they would not refuse?**

**Does your cat have any particular food likes (favorites)?**

**Does your cat have any food dislikes?**

**Is your cat comfortable around other cats (visually, cats do not get out together unless from the same family)?**

**Does your cat approach strangers willingly?**

**How much time do you spend with your cat daily?**

**Is your cat indoor cat or indoor/outdoor cat?**

**Any injuries (current or past)?**

**Any surgeries (current or past)?**

Allergies?

Behaviours we should know about?

- ability to open doors/ latches
- hissing
- scratching
- spitting
- excessive licking
- spraying
- Other

Any other information that will assist us in caring for your cat?

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**Two (2) Emergency Contacts (MUST BE DIFFERENT FROM ANY OWNERS/ PARTNERS):**

All emergency contacts must know the pet and be aware that they are noted in case of emergency as they will be responsible for making any decisions on your behalf should you be un-contactable.

1) Name \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to owner \_\_\_\_\_

2) Name \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to owner \_\_\_\_\_

Current Veterinary Clinic \_\_\_\_\_

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