



CAT INFORMATION FORM

(For multiple pet households please complete one form for each pet)

PRIMA DOGGA

541 Bishop Rd
Shelburne, VT 05482
(802) 985-2248

www.primadoggavt.com

I. Owner Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone(s): _____

Email: _____

II. Cat Information

Pet name: _____ Breed: _____

Age: _____ Sex: M / F

Spayed or Neutered? Y / N

Has your cat ever bitten a person? _____ If yes, what damage was done, and explain the circumstances: _____

Does your cat like being brushed? Y / N

What types of games/toys does your cat like? _____

Anywhere your cat is sensitive being touched? Y / N

(if yes, explain) _____

III. Medical Information

Which Veterinarian do you use: _____

Does your cat have any allergies? _____

What kind of food do you feed your cat? _____

Does your cat take medication? Y / N

Does your cat have any physical disabilities which we should know about?

Does your cat have any food restrictions? _____

Anything else we should know about your cat? _____

If we cannot get a hold of you, and your pet requires medical attention, is there any restriction or cap on costs you would like us to relay to the vet? Y N **Cost cap: \$** _____

Client Initials: _____ (continues on back)

(Required for pets 7yrs +)

What should we do if your pet passes away while here? _____

Owner Signature: _____ **Date:** _____

(For Prima Dogga use)

Pet Name: _____ **FELV:** _____
RV: _____ **Dist:** _____

Pet Name: _____ **FELV:** _____
RV: _____ **Dist:** _____