



REGISTRATION FOR CATS

**Cancellation Policy**

For your pets' safety, proof of vaccinations and a negative fecal sample need to be sent to Animal Wellness Center at least 72 hours prior to a daycare or boarding stay. If we do not have records, AWC has the right to CANCEL the reservation. Vaccinations should also be completed at least 72 hours prior to their daycare or boarding stay to ensure they are fully protected.

**CLIENT INFORMATION - General**

Owners Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Email is for clinic contact only - We will not sell or share your email address with outside sources.*

2nd Contact Name: \_\_\_\_\_ 2nd Contact Work Phone: \_\_\_\_\_  
 2nd Contact Cell Phone #: \_\_\_\_\_ 2nd Contact E-mail: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

If you were not referred by someone, how did you first choose this facility?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AWC Web Site                   | <input type="checkbox"/> Community Press Papers      | <input type="checkbox"/> Humane Society    |
| <input type="checkbox"/> Maple Grove Days Parade / Expo | <input type="checkbox"/> Maple Grove Residence Guide | <input type="checkbox"/> Embarq Phone Book |
| <input type="checkbox"/> Sign / Location                | <input type="checkbox"/> Internet Search             | <input type="checkbox"/> PetCo             |
| <input type="checkbox"/> Qwest Phone Book YP / WP       | <input type="checkbox"/> Pet Expo                    | <input type="checkbox"/> Other _____       |

**CLIENT INFORMATION - If you will be out of town**

While away I can be reached: \_\_\_\_\_

If I cannot be reached please contact: \_\_\_\_\_  
 \_\_\_\_\_

Additional information I would like to share about my trip \_\_\_\_\_

**Welcome to the Resort and Spa!**

My cat will be attending AWC Resort & Spa: From \_\_\_\_\_ To \_\_\_\_\_

Drop off and pick up times are: \_\_\_\_\_

Monday-Sunday: 7:00 am – 6:30 pm (no charge for last day if picked up before 2:00 pm)

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# FELINE PATIENT INFORMATION

## General

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Do you wish to receive reminders from our Veterinary Clinic when requirements are coming due? Yes No

## Medical

My Veterinary Clinic: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Please send a copy of previous vaccination record at least 72 hours prior to stay and please list the date of last feline vaccination(s) for: (NOTE: Please let us know if you would like us to call your veterinary clinic for the records)

Rabies \_\_\_\_\_ DRC \_\_\_\_\_

FELV \_\_\_\_\_ FeLV/FIV Test \_\_\_\_\_

Last Flea/Tick Application \_\_\_\_\_ Fecal Analysis \_\_\_\_\_

Is your animal currently receiving any medication? If so, what kind? \_\_\_\_\_

Dosage and Time \_\_\_\_\_

Last dose was given \_\_\_\_\_

Does your animal have any drug or food allergies? If so, to what? \_\_\_\_\_

Has your pet travelled outside MN in the last 30 days?  Yes  No If so, when and where? \_\_\_\_\_

Has your animal ever had:

Fainting spells

Hair loss

Arthritis

Seizures

Skin problems

Diarrhea or vomiting

Shortness of breath

Ear infections

Runny eyes

Coughing spells

Urinary Problems

Other

Please explain: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Appetite: Normal Voracious Picky

Stools: Normal Firm Soft/diarrhea

Urine: Normal Frequent Infrequent Large Volume

Comments: \_\_\_\_\_

DO YOU HAVE ANY SPECIFIC REQUESTS OR ADDITIONAL HEALTH INFORMATION? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Food Requirements

What type of food does your animal currently receive? \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

\* Please have your pet's food separated into individual servings.

My pet was fed last \_\_\_\_\_

## Behavior

What is your cat's favorite: Activity \_\_\_\_\_ Toy \_\_\_\_\_

Treat \_\_\_\_\_ Trick \_\_\_\_\_

My cat enjoys:

- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Brushing    | <input type="checkbox"/> Ear rubs     | <input type="checkbox"/> Lounging       |
| <input type="checkbox"/> Belly rubs  | <input type="checkbox"/> Head petting | <input type="checkbox"/> Exuberant play |
| <input type="checkbox"/> People      | <input type="checkbox"/> Massages     | <input type="checkbox"/> Retrieving     |
| <input type="checkbox"/> Gentle play | <input type="checkbox"/> Vocalizing   | <input type="checkbox"/> Cuddling       |

Comments \_\_\_\_\_

My cat plays best with:

- |                                 |  |                                   |
|---------------------------------|--|-----------------------------------|
| <input type="checkbox"/> People | <input type="checkbox"/> Cat nip         | <input type="checkbox"/> Feathers |
| <input type="checkbox"/> Toys   | <input type="checkbox"/> Scratching post | <input type="checkbox"/> Unsure   |

Comments \_\_\_\_\_

Please describe your cat's confinement experience: \_\_\_\_\_

My cat does the following:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Jump on people | <input type="checkbox"/> Chew bedding     | <input type="checkbox"/> Vocalize     |
| <input type="checkbox"/> Chase          | <input type="checkbox"/> Play with litter | <input type="checkbox"/> Play biting  |
| <input type="checkbox"/> Guard kennel   | <input type="checkbox"/> Suckling         | <input type="checkbox"/> Chew objects |
| <input type="checkbox"/> Guard food     | <input type="checkbox"/> Knead            |                                       |

Comments \_\_\_\_\_

My cat is anxious or fearful of:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Strangers       | <input type="checkbox"/> Loud noises    | <input type="checkbox"/> Large spaces |
| <input type="checkbox"/> Non-family cats | <input type="checkbox"/> Dogs           | <input type="checkbox"/> Water        |
| <input type="checkbox"/> New places      | <input type="checkbox"/> Fast movements |                                       |

Comments \_\_\_\_\_

My cat has hissed or scratched at a human:    Yes    No    Comments \_\_\_\_\_

My cat has hissed or scratched at another cat or dog:    Yes    No    Comments \_\_\_\_\_

**Additional Comfort Amenities**

While staying at the Animal Wellness Center Resort & Spa I would like my pet to receive the following amenities at an additional cost.

- Partial Pedicure (Nail Trim)
- Individual Attention w/Resort Attendant – 30 minutes
- Professional Groom – Appointment Needed
- Holiday Meal

Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While staying at the Animal Wellness Center Resort & Spa I would like my cat to have:

- Clumping litter
- Non clumping litter

While staying at the Animal Wellness Center Resort & Spa I would like my cat to have:

- No bedding
- Cozy fleece blanket
- Any bedding
- Donut bed
- Donut bed w/ fleece blanket

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_