

We want to make your cats visit an amazing vacation! Please help us by telling us a little bit about you and your cat.

Date:		
Name:		
Address:	City:	Zip:
Home Phone:	Cell Phone:	
Work Phone:		
E-mail Address:		
What is your preferred method of conta	act?	
	Inn?	
How were you referred to Cozy Kitties Emergency Contacts In case we cannot reach you, we like to people to live close by, just that you tree.	to have two emergency contacts on file	e. We do not need these
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Cozy Kitties Inn

☐ Yes ☐ No

Cats Only • Cage Free • On-Site Supervision
30013 196th Avenue SE | Kent, WA 98042 | 206-396-1467 | arlene@cozykittiesinn.com
cozykittiesinn.com

Your Cat's Information

Cat's Name					
Cat's Gender □ Female □ Male Color				Breed	
Cat's Birthday	or approximate a	ge			
Is your cat litter	box trained?] Yes □ No			
For cat litter, we	e use wood pelle	ts. If you bring you	ır own, it must be	e unscented (clumpin	g) litter due to
staff allergies.	□ Wood □	My Own (unscent	ed only)		
Check all that o ☐ Outgoing	lescribe your cat □ Shy	's personality □ Talkative	☐ Submissive	□Verbally Sensitive	☐ Social butterfly
☐ Reserved	☐ Confident	☐ Timid	☐ Gentle	☐ Clingy	☐ Easily going
☐ Affectionate ☐ Other	☐ Mouthy	☐ Excitable	☐ Easily over s	stimulated	
Describe your o	cat's activity leve	I □ Low	☐ Medium	□ High	
Your cat is	☐ Indoor-only ca	t □ Indoor/o	utdoor cat		
•	boarded your cat	ut? □ Yes, withhol t before? □ \ s experience:	Yes □ No	NO, leed as Hollilai.	
Do you use a fl			•	d?	
If yes, administ	ered □ Mont	hly □ Seasona	ally □ As nee	ded	
Is your cat decl	awed? □ Yes,	front only	s, full declaw \square] No	
Diet					
				and a bit extra in case upset stomach and er	
you would like	us to feed. Some		e: "¼ cup of dry f	y specific regarding w ood for breakfast and vkitty."	
Breakfast					
Dinner					

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Medical Needs

Does your cat have any medical condition? ☐ Yes ☐ No
If yes, what medical condition(s) and when was it diagnosed?
Is your cat on any medication(s)? \square Yes \square No (If yes, please fill out the Medication Form on our website.)
Does your cat have any allergies? ☐ Yes ☐ No
If yes, please describe the reaction.
Does your cat have any old or current injuries or health concerns? ☐ Yes ☐ No
If yes, please explain and give approximate date of occurrence.
Does your cat engage in any unusual or repetitive behaviors? ☐ Yes ☐ No
If yes, please explain.
More information?
Is there anything else we should know about your cat that we have not asked?
Do you have any questions?

Thank you for taking the time to tell us about your cat. We are looking forward to spending some quality time with your kitty!

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