



THE
PAWINGTON
A PREMIER PET RESORT

The Pawington
116 Beacon Street
South San Francisco, CA 94080
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thepawington.com

CAT'S PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your cat:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

PET GUEST INFORMATION

Cat's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check all that apply:

Male Female Spayed Neutered Unaltered

Is your cat litter box trained? Yes No

MEDICAL HISTORY

Is your cat currently taking any medications? Yes No

Are either of these medications for their Heart or Seizures? Yes No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET**

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your cat have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain: _____

Does your cat have any physical restrictions while playing, or sensitive areas on the body? Yes No

If yes, please explain: _____

VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations (for indoor cats* a waiver for FELV may be submit by your Vet) The front desk can contact your vet directly for proof of vaccines if needed.

Rabies _____ FVCRP _____ FELV _____

Is your cat currently on a flea preventative medication? Yes No

Date it was last given: ____/____/____

PERSONALITY

Please check all answers that describes your cat's personality:

Outgoing Timid Affectionate Reserved Feisty Friendly Independent Playful

Confident Submissive Clingy Gentle Other: _____

Please check all answers that describes your cat's attributes:

Likes to scratch Fears noises Meow's excessively Separation anxiety

Low activity level Medium activity level High activity level Other: _____

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the cat subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Client Signature: _____ Date: _____