

Have you heard your cat sneezing in the last two weeks?
 Yes No

Has your cat had any vomiting or diarrhea in the last 2 weeks?
 Yes No



Brand of food fed at home:

Quantity at check in:

Cat Examination Form

Cat's Name: _____ Suite Number: _____ Weight: _____

| | | | |
|-----------------------------------|--|--|---|
| Eyes | <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Crusty <input type="checkbox"/> Red <input type="checkbox"/> Drainage | | |
| Ears | <input type="checkbox"/> Normal <input type="checkbox"/> Need Cleaning <input type="checkbox"/> Possible Infection | | |
| Coat | <input type="checkbox"/> Normal <input type="checkbox"/> Thin <input type="checkbox"/> Dry <input type="checkbox"/> Oily <input type="checkbox"/> Needs a bath? <input type="checkbox"/> Matted: _____ <input type="checkbox"/> Hotspots: _____ | | |
| Indoor / Outdoor | Does Your Cat Go Outdoors? <input type="checkbox"/> No <input type="checkbox"/> Yes | Is your cat on flea & tick prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes, Brand: _____ | |
| Nose / Teeth / Gums | Nose: <input type="checkbox"/> Normal <input type="checkbox"/> Drainage <input type="checkbox"/> Crusty | Teeth: <input type="checkbox"/> Normal <input type="checkbox"/> Need dental? | Gums: <input type="checkbox"/> Normal <input type="checkbox"/> Sore/Bleeding |
| Paw Pads / Nails | Pads: <input type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Cracked <input type="checkbox"/> Irritated | Nails: <input type="checkbox"/> Front Declawed <input type="checkbox"/> All Declawed <input type="checkbox"/> Needs Nail Trim | |
| Hips & Joints | <input type="checkbox"/> None | | |
| Abrasions | <input type="checkbox"/> None | | |
| Lumps | <input type="checkbox"/> None | | |
| Major Medical Problems | <input type="checkbox"/> None | | |
| Current Medications / Supplements | <input type="checkbox"/> None | | |
| Allergies | <input type="checkbox"/> Skin <input type="checkbox"/> Seasonal: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> None | | |

If your cat is finicky in their eating habits, may we supplement their diet with any of the following?
 Canned Food Chicken Chicken Broth Tuna Any of these Other: _____ No

May we feed your cat house food if their food runs out? Yes No

May we give your cat catnip? Yes No

Some cats exhibit symptoms of stress while boarding. If your cat should become stressed we have an all-natural herbal remedy called Happy Traveler. May we give this to your cat? Yes No

If your cat should develop any digestive upset or diarrhea while boarding, we have a supplement called Endosorb that relieves the irritation and discomfort associated with diarrhea. May we give this to your cat? Yes No

Would you like your cat to participate in group play times with other cats? Yes No

Owner's Signature: _____ Date: _____

Examiner's Signature: _____ Date: _____