



2206 W. Lamar Alexander Pkwy  
Maryville, TN 37801  
865- 375- BARK (2275)  
Brewstersbarkandbed.com

## CAT'S PROFILE FORM

### CLIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

### Emergency Contact: (please provide someone other than yourself or your spouse/partner)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please list those authorized to pick up your dog or cat:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Veterinarian:

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PET GUEST INFORMATION

Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Check where appropriate:

Male     Female     Spayed     Neutered     Unaltered

## MEDICAL HISTORY

Is your cat currently taking any medications/supplements?  Yes  No

**NOTE: If you checked yes, you will need to fill out and sign a medication/supplementation form for each pet.**

Is your cat currently on flea preventative medications? (required for all guests)

Yes  No

Name of brand used: \_\_\_\_\_ Date given last: \_\_\_\_\_

Has your cat been ill in the last 30 days?  Yes  No

Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach?

Yes  No

Does your cat have any previous or current injuries or health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your cat have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your cat have any physical restrictions while playing or sensitive area on the body?

Yes  No

If yes, please explain: \_\_\_\_\_

Does your cat suffer from: (check all that apply)

Diabetes  Heart Disease  Seizures  Arthritis

## PERSONALITY

Is your cat litter box trained?  Yes  No

Has your cat ever attended a boarding facility in the past?  Yes  No

**Please circle all answers that describe your cat's personality:**

Outgoing   Reserved   Affectionate   Independent   Friendly   Playful

**Please circle all answers that describe your cat's attributes:**

Biter   Separation anxiety   Fears noises   Meows excessively   Likes to scratch

**Please circle all that describe situations where your cat may become unfriendly:**

Petting   Touching paws   Touching ears   Touching while sleeping

Meeting strangers   Being held   Being brushed   Other: \_\_\_\_\_

Describe your cat's normal activity level:  Low  Medium  High

Does your cat engage in any unusual repetitive behaviors?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your cat microchipped?  Yes  No

**Any additional information you would like to share about your cat?**

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**How did you hear about us?** \_\_\_\_\_

**I, the undersigned, hereby acknowledge and agree that all the information in the Brewster's Bark & Bed Cat Profile 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 on this application for and on behalf of any other owner or representative.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Printed Name