

## Long-Term Care Application

### ***PART A : Owner's Information***

\_\_\_\_\_  
Today's Date

Title (check one):  Mrs.  Miss  Mr.  Mr. & Mrs.  (other, please specify: \_\_\_\_\_)

\_\_\_\_\_  
1st Person's - First Name

\_\_\_\_\_  
Middle Name or Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
2nd Person's - First Name

\_\_\_\_\_  
Middle Name or Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Current Mailing Address - Number & Street (or PO Box), City, State, Zip

\_\_\_\_\_  
Current Residence Number & Street, City, State, Zip (if different from Mailing Address above)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Current Daytime Phone Number Current Evening Phone Number Current Cell Phone Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_  
Current Fax Number (if any) Email Address

\_\_\_\_\_  
Name & Address of Employer (if currently employed)

_____ Name of Veterinary Hospital	(____) - _____ - _____ Phone Number of Veterinary Hospital
_____ Address of Veterinary Hospital (Number & Street, City, State, Zip)	

**Emergency Contact(s)** – A list of names, phone numbers, etc. of other people to contact while your cats are with us  
*(this is needed only if you are considering **TEMPORARY** Care for your cats).*

**PLEASE INDICATE THE TYPE OF CARE YOU NEED FOR YOUR CATS** (check one):

- TEMPORARY Care (Long-term Boarding)** for the period of \_\_\_\_\_ through \_\_\_\_\_.
- PERMANENT Care** for the period beginning \_\_\_\_\_.
- UNDECIDED** between Temporary and Permanent Care at this point.

**I am considering The Sunshine Home because:**

Complete this **Part B** for EACH CAT, using separate forms for each in a multi-cat household.

## PART B : Cat's Information

Your Last Name	Today's Date
Cat's Name	Cat's Date of Birth
Nickname(s) I Have for this Cat (if any)	Cat normally wears: <input type="checkbox"/> Collar <input type="checkbox"/> Tag <input type="checkbox"/> Neither
<b>Rabies</b> _____   _____ <b>Vaccination:</b> <b>Date Last Done</b>   <b>Date Next Due</b>	<b>Distemper</b> _____   _____ <b>Vaccination:</b> <b>Date Last Done</b>   <b>Date Next Due</b>
Any other vaccinations? (indicate type & date next due): _____	

Test Results:  Negative    Positive for \_\_\_\_\_

**Most Recent FeLV/FIV Test Date**      *(test should be done within 3 months of the cat's arrival at The Sunshine Home)*

Breed (check one):	<input type="checkbox"/> Domestic mix	<input type="checkbox"/> Purebred (please specify: _____)
Hair length:	<input type="checkbox"/> Short	<input type="checkbox"/> Medium <input type="checkbox"/> Long
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Neutered/Spayed?:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No (*If yes, at what age: _____)
Declawed?:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No (*If yes, at what age: _____)
Microchipped?:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No (*If yes, Brand & #: _____)
Tattooed ID?:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No (*If yes, Location of tattoo: _____)

Color(s) of Fur	Any Special Markings?
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Color of Eyes	Any Known Allergies?
On an average day, how many hours does the cat spend:      Indoors: _____ Outdoors: _____	
On a scale of 1 to 10 (with 0 "don't know", 1 being "not good" and 10 being "very good"),	
NOT good-----OK-----VERY good	
How is this cat with:	0    1    2    3    4    5    6    7    8    9    10
Other cats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Human visitors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How long have you had this cat? _____ Where did you get it from? _____	

Dry Food(s) Cat Eats	Wet Food(s) Cat Eats	How Much Wet Food & How Often?
Cat Litter Used	Cat's Approximate Weight	is weight up, down or steady in past year?

Things Cat Enjoys

Things Cat Dislikes

Describe Cat's General Personality

Any Past Medical Conditions? (please explain - attached additional paper if necessary)

Any Known Medical Conditions? (please explain - attached additional paper if necessary)

Any Other Comments? (attached additional paper if necessary)