

## Boarding Application

Complete one of these for each cat. **Part A** only need be completed on the first cat if you have more than one cat.

### PART A

\_\_\_\_\_  
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)

\_\_\_\_\_  
Current Mailing Address - City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Current Residence (if different from Mailing Address above)

\_\_\_\_\_  
Current Residence (if different from Mailing Address above) - City State

\_\_\_\_\_  
Zip

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
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: \_\_\_\_\_

Number & Street: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Contact(s) – A list of names, phone numbers, etc. of other people to contact while your cat(s) board with us.

I am considering The Sunshine Home for the period of \_\_\_\_\_ through \_\_\_\_\_ because:

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

## PART B

<b>Your Name(s)</b>	<b>Today's Date</b>
<b>Cat's Name</b>	<b>Cat's Date of Birth</b>
<b>Nickname(s) I Call this Cat (if any)</b>	Cat normally wears: <input type="checkbox"/> Collar <input type="checkbox"/> Tag <input type="checkbox"/> Neither
<b>Rabies</b> _____   _____	<b>Distemper</b> _____   _____
<b>Vaccination:    Date Last Done   Date Next Due</b>	<b>Vaccination:    Date Last Done   Date Next Due</b>
Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive for _____	
<b>Most Recent FeLV/FIV Test Date</b> _____ (test should be done no more than 3 months prior to arrival at The Sunshine Home)	

**We will need proof of flea treatment, ear mite check and fecal testing -- all done by a veterinarian no more than 30 days prior to arrival at The Sunshine Home -- otherwise this done immediately after they arrive at your expense.**

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: _____)

<b>Color(s) of Fur</b>	<b>Any Special Markings?</b>
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<b>Color of Eyes</b>	<b>Any Known Allergies?</b>
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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"),

	0	1	2	3	4	5	6	7	8	9	10
	NOT good-----					OK-----		-----VERY good			
<b>How is this cat with:</b>	<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"/>
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? \_\_\_\_\_

<b>Dry Food(s) Cat Eats</b>	<b>Wet Food(s) Cat Eats</b>	<b>Cat Litter Used</b>
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**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)