

## Long-Term Care Application

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

*Today's Date*

Title (check one):  Mrs.  Ms.  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 Mobile Phone Number:

Current Fax Number (if any):  Current Email Address:

Name of Employer (if currently employed):

Military Status:  Non-Military *or* (check any that apply)  Active Duty  Reserve  Veteran  Retired

Name, Address & Phone Number of Veterinary Hospital:

Emergency Contact(s): A list of names & phone numbers of other people to contact in a emergency should we be unable to reach you 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):**

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

I am considering The Sunshine Home at This Old Cat for my cats because I will be:

Complete this **Part B** for your cat, using additional **Part Bs** for each cat in a multi-cat household

## ***PART B : Cat's Information***

<b>Cat's Name:</b>	<b>Your Last Name</b>	<b>Today's Date</b>
	<b>Nickname(s) I have for this cat (if any):</b>	
<b>Cat's Date of Birth:</b>	<b>Color of Eyes:</b>	
<b>Color(s) of Fur:</b>	<b>Distinguishing Markings:</b>	

### CAT'S MOST RECENT VACCINATIONS

<b>Rabies Date Last Done:</b>	<b>Date Next Due:</b>	<b>FVRCP ("Distemper") Date Last Done:</b>	<b>Date Next Due:</b>

**Other Vaccinations** (please specify type of vaccination and dates last done & next due):

**Most Recent FeLV/FIV Test Date** \_\_\_\_\_ **Test Results:**  Negative  Positive for \_\_\_\_\_

Note: We ask for documentation from your vet showing the FeLV/FIV test was done within 90 days prior to the cat's arrival at The Sunshine Home at This Old Cat, also proof of flea treatment, ear mite check and fecal testing done by your veterinarian within 30 days prior to arrival, otherwise this will done at your expense upon the cat's arrival.

<b>Breed (check one):</b>	<input type="checkbox"/> Domestic mix <input type="checkbox"/> Purebred (please specify: _____)
<b>Hair length:</b>	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Neutered/Spayed?:</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, at what age: _____)
<b>Declawed?:</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, at what age: _____)
<b>Microchipped?:</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, Brand & #: _____)
<b>Tattooed ID?:</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, Location of tattoo: _____)
<b>Cat normally wears:</b>	<input type="checkbox"/> Collar <input type="checkbox"/> Tag <input type="checkbox"/> Neither
<b>Any known allergies?</b>	<input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, please specify: _____)

**On an average day, how many hours does the cat spend:** Indoors: \_\_\_\_\_ hrs. Outdoors: \_\_\_\_\_ hrs.

**How long have you had this cat?** \_\_\_\_\_ **Where did you get it from?** \_\_\_\_\_

**On a scale of 1 to 10 (with 0=I don't know, 1=not good and 10=very good):**

	0	1	2	3	4	5	6	7	8	9	10
<b>How is this cat with other cats?</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"/>
<b>How is this cat with human visitors?</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"/>
<b>How is this cat with visits to the veterinarian?</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"/>

<b>Dry food(s) cat eats:</b>	<b>Canned food(s) cat eats:</b>	<b>How much canned food &amp; how often?:</b>

<b>Cat litter used:</b>	<b>Cat's approximate weight:</b>	<b>Is weight up/down/steady in past year?:</b>

**Number of litter boxes in home** \_\_\_\_\_ **Type preferred (check all that apply)**  Open  Covered

**Things Cat Enjoys:**

**Things Cat Dislikes:**

**Describe Cat's General Personality:**

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

**Any Current Medical Conditions?:** (please explain - attached additional paper if necessary)

**Any Other Comments?:** (attached additional paper if necessary)