



nine lives cat center

25990 Highland Rd., Richmond Hts., Ohio 44143
(216) 738-1942 ninelivescatcenter@yahoo.com

OWNER INFORMATION

Name Cell # Alternate #
Address E-mail
Emergency contact Relationship Contact #

CAT INFORMATION

Name Date of birth Sex
Breed Color Weight
Vet clinic & city Phone #

PURRSIONALITY PROFILE

Please approximate where your cat would fall on each spectrum below:

Visitors to our house do not know I exist I immediately welcome all visitors and invite them for sleepovers
I am happy to just be admired from afar Why are you not petting me right now?
Please comb my beautiful fur! Do not even THINK about grooming me!
I have strong opinions about my litter box I will roll with anything! Bring it on!
Toys do not interest me at all YES, I MUST HAVE ALL THE TOYS
I would never dream of scratching/biting It is instinctive for me to defend myself if I am feeling threatened or anxious

Please explain/describe further:

Additional comments about your cat's behavior, likes/dislikes, etc.:

DIETARY PREFERENCES

Any known food allergies/sensitivities?

YES NO

My cat usually prefers:

DRY CANNED BOTH

May we give your cat other foods and/or treats?

YES NO ONLY IF NOT EATING WELL

Please describe your cat's diet—brand(s), amounts fed, frequency, etc. _____

VETERINARY HISTORY & REQUIREMENTS

You must provide documentation (e.g. vet receipt) for exam and rabies status, at minimum. **Please note: we prefer to have medical records.**

Date of last exam _____ Due date of next exam _____ Due date of rabies vaccination _____

**must be within the past 12 months

**if not up-to-date on rabies, please contact us in advance

Please list all known medical issues and/or concerns: _____

Please note: If any of your cat's issues are new or currently unstable, we advise against boarding, if possible. Please contact us to discuss.

MEDICATIONS/TREATMENTS

Please list each of your cat's medications/treatments:

Medication name	Dose	Frequency, time(s) &/or day(s) given	Instructions/comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

please continue on back if additional space is needed

AUTHORIZATION FOR MEDICAL ATTENTION

In the event that medical attention is required for this cat, you authorize the following: (please initial one choice below)

_____ 1) Any necessary treatment, medication, diagnostic and/or surgical procedures, regardless of cost.

_____ 2) Reasonable and customary treatment, medication, diagnostic and/or surgical procedures, not to exceed \$ _____ .

_____ 3) Basic/minimal care only as needed to stabilize and/or relieve pain and suffering.

Please note: There is no option to waive all care. We are unable to board any cat without prior permission to seek medical attention if/when deemed necessary. Please see our boarding contract for details.