



Hill Country Pet Resort  
13412 Fitzhugh Rd.  
Austin, Texas 78736  
Phone: 512-394-9386  
Email: hcpetresort@yahoo.com

## CAT'S PROFILE FORM

### CLIENT INFORMATION:

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

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

### Please list those whom are authorized to pick up your cat:

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Veterinarian:

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

## PET GUEST INFORMATION

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

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

### Check where appropriate:

Male  Female  Spayed  Neutered  Unaltered

Is your cat litter box trained?  Yes  No

## MEDICAL HISTORY

Is your cat currently taking any medications?  Yes  No



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**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A  
MEDICATION ADMINISTRATION FORM FOR EACH PET**

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, physical problems or health concerns, including 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: \_\_\_\_\_

**VACCINATION RECORDS**

**Please list the current expiration dates for the following vaccinations: (front desk may complete once they've received proof of current vaccinations).**

Rabies \_\_\_\_\_ FVCRP \_\_\_\_\_ FELV \_\_\_\_\_

Is your cat currently on a flea preventative medication?  Yes  No

If Hill Country Pet Resort finds evidence of ticks or fleas, treatment will be provided at owner's expense.

**PERSONALITY**

**Please check all answers that describes your cat's personality:**

- Outgoing  Timid  Affectionate  Reserved  Protective  Feisty  Friendly  Obedient  
 Aggressive  Independent  Playful  Confident  Submissive  Clingy  Gentle

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

- Likes to scratch  Fears noises  Meows excessively  Verbally sensitive  Separation anxiety  
 Low activity level  Medium activity level  High activity level  
 Other: \_\_\_\_\_

**I, the undersigned, hereby acknowledge and agree that all the information in this 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 dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_