

Hill Country Pet Resort 13412 Fitzhugh Rd. Austin, Texas 78736 Phone: 512-394-9386

Email: hcpetresort@yahoo.com

CAT'S PROFILE

CLIENT INFORMATION:		
First Name:	Last Name	:
Address:		
City:	State:	Zip:
Home Phone:	Wo	rk Phone:
Cell Phone:	Email:	
Emergency Contact:		
Name:	_Relationship:	Phone Number:
Please list those whom are at	ıthorized to pick up your c	eat:
1.) Name:		Relationship:
2.) Name:		Relationship:
Veterinarian:		
Clinic Name:	Address:	
Telephone Number:		
How did you hear about us? _		
	PET GUEST INFO	RMATION
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 HISTOR	RY
Is your cat currently taking ar	y medications? \Box Yes \Box N	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? \square Yes \square No			
Is your cat displaying any symptoms such as coughing, sneezing, or upset stomach? \square Yes \square 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? \square Yes \square 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? \Box Yes \Box 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:			
$\ \Box \ Outgoing \Box \ Timid \Box \ Affectionate \Box \ Reserved \Box \ Protective \Box \ Feisty \Box \ Friendly \Box \ Obedient$			
\Box Aggressive \Box Independent \Box Playful \Box Confident \Box Submissive \Box Clingy \Box Gentle			
Please check all answers that describe your cat's attributes:			
\Box Likes to scratch \Box Fears noises \Box Meows excessively \Box Verbally sensitive \Box Separation anxiety			
□ Low activity level □ Medium activity level □ High activity level			
□Other:			