

Boarding
AT THE
Roosevelt Mansion
2001 Route 22, Brewster, NY 10590
T 845.279.6578 F 845.278.5940

CAT'S BOARDING PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone No: _____

Please list those whom are authorized to pick up your dog:

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 _____ FVRCP _____ FELV _____

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

Name of brand used? _____ Date it was last given? _____

****If The Roosevelt Mansion 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 Fiesty Friendly Independent Playful
 Confident Submissive Clingy Gentle Other: _____

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

Likes to scratch Fear of noises Meow's excessively Verbally sensitive Separation Anxiety
 Low activity level Medium activity level High activity level Other: _____

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Please check the following items you plan to bring with you.

Leash (Description) _____

Collar (Description) _____

Bowls (Description) _____

Blanket (Description) _____

Bed (Description) _____

Toys (Description) _____

Other (Description) _____

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 cat subject to this application that my signature is sufficient to enter into this application for and on behalf of any owner or representative.

Signature of Owner: _____ **Date:** _____