Riverside Inn Petcare

Cat Intake Form

Date Form Completed: _____

Please complete all sections as thoroughly as possible so we can provide your cat with safe, comfortable, and individualized care.

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1. OWNER / CLIENT INFORMATION

Primary Owner Name: _____

Street Address: _____

City, State, ZIP: _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

Secondary Owner / Authorized Contact (if applicable):

Name: _____

Phone: _____

Relationship to Owner: _____

2. EMERGENCY CONTACT INFORMATION

Please provide someone other than yourself who can be reached if you are unavailable.

Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Alternate Phone: _____

Is this person authorized to pick up your cat?

☐ Yes ☐ No

3. CAT IDENTIFICATION & DESCRIPTION

Cat's Name: _____

Call Name / Nickname: _____

Breed: _____

Age / Date of Birth: _____

Sex: ☐ Male ☐ Female

Spayed / Neutered: ☐ Yes ☐ No

Color / Markings: _____

Approximate Weight: _____

Microchipped: ☐ Yes ☐ No ☐ Unknown

Microchip Number (if applicable): _____

Collar / Identification Tag Description: _____

Distinguishing Features (scars, markings, etc.):

Recent Photograph on File: ☐ Yes ☐ No

4. VACCINATION & HEALTH RECORDS

Please provide a copy of your cat's current vaccination records or veterinary documentation.

Vaccination	Date Given	Expiration / Due Date
Rabies	_____	_____
FeLV	_____	_____
FVRCP	_____	_____
Other: _____	_____	_____

Rabies Verification (Required Record):

Rabies Vaccine Manufacturer: _____

Date Administered: _____

Expiration Date: _____

Veterinarian / Clinic: _____

Rabies Tag Number: _____

☐ Rabies certificate/documentation received

☐ Vaccination records received

☐ Documentation pending

☐ Records verified by staff

Date Verified: _____

Verified By: _____

5. MEDICAL HISTORY & EXISTING CONDITIONS

Does your cat currently have or have a history of any of the following?

☐ Allergies

☐ Skin conditions

☐ Ear infections

☐ Digestive issues

☐ Seizures

☐ Arthritis / Joint Problems

☐ Heart Condition

☐ Respiratory Condition

☐ Diabetes

☐ Vision or Hearing Impairment

☐ Mobility Issues

☐ Anxiety / Stress-Related Conditions

☐ Other: _____

☐ No known medical conditions

Please describe any existing or pre-existing medical problems:

_____

_____

Does your cat have any current injuries, illnesses, or physical limitations?

_____

Has your cat experienced coughing, vomiting, diarrhea, lethargy, or other signs of illness recently?

☐ No

☐ Yes – Please explain: _____

Date of Most Recent Veterinary Visit: _____

6. MEDICATIONS & SPECIAL MEDICAL INSTRUCTIONS

Does your cat currently take medication?

☐ No

☐ Yes

If yes, please complete the following for each medication:

Medication Name:
_____

Dosage:
_____

Frequency / Schedule:
_____

Administration Instructions:
_____

Medication Purpose:
_____

Medication Provided by Owner:

☐ Yes ☐ No

Medication Name:
_____

Dosage:
_____

Frequency / Schedule:
_____

Administration Instructions:
_____

Medication Purpose:
_____

Medication Provided by Owner:

☐ Yes ☐ No

Additional medication instructions:

Other Treatments or Medical Care Needed:

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7. VETERINARIAN INFORMATION

Preferred Veterinary Clinic: _____

Veterinarian Name: _____

Clinic Phone Number: _____

Clinic Address: _____

After-Hours Emergency Veterinary Preference (if applicable):

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8. FEEDING & DIETARY INFORMATION

Brand / Type of Food: _____

Food Description:

☐ Dry Kibble

☐ Wet / Canned Food

☐ Raw Diet

☐ Fresh / Refrigerated Food

☐ Prescription Diet

☐ Other: _____

Amount Fed Per Meal: _____

Feeding Schedule:

Meal	Feeding Time	Amount
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
Additional	_____	_____

Food Provided By:

☐ Owner ☐ Facility

Is your cat on a special diet?

☐ No

☐ Yes – Please explain: _____

Food Allergies / Dietary Restrictions:

Treats Allowed? ☐ Yes ☐ No

Approved Treats: _____

Treat Restrictions or Special Instructions:

Does your cat have food-related behaviors?

☐ Eats normally

☐ Eats very quickly

☐ Food protective / Resource guards

☐ Requires encouragement to eat

☐ Prefers to eat alone

☐ Other: _____

9. TEMPERAMENT, PERSONALITY & HANDLING

How would you describe your cat's personality?

☐ Friendly / outgoing

☐ Shy / reserved

☐ Calm / relaxed

☐ Playful / energetic

☐ Independent

☐ Nervous / anxious

☐ Fearful

☐ Affectionate / seeks attention

☐ Vocal

☐ Other: _____

How does your cat typically respond to unfamiliar people?

☐ Approaches readily

☐ Cautious at first

☐ Hides / avoids contact

☐ May hiss, swat, or scratch when frightened

☐ Unknown / not sure

How does your cat respond to being picked up or handled?

☐ Comfortable being picked up

☐ Accepts brief handling only

☐ Does not like being picked up

☐ May struggle / scratch / bite

☐ Depends on the person or situation

Are there areas your cat dislikes being touched (belly, paws, tail, face, ears, etc.)?

_____

Has your cat ever displayed any of the following behaviors?

☐ Hissing / growling

☐ Swatting / scratching

☐ Biting

☐ Hiding for extended periods

☐ Escape attempts / door-dashing

☐ Urine spraying / marking

☐ Resource guarding

☐ Destructive scratching

☐ Excessive vocalizing

☐ Fear of unfamiliar sounds

☐ Aggression when frightened or cornered

☐ None of the above

If any behaviors were selected, please describe triggers and what helps:

_____

Has your cat ever bitten or injured a person or another animal?

☐ No ☐ Yes

If yes, please explain the circumstances:

_____

What situations make your cat uncomfortable or fearful?

_____

10. SOCIALIZATION, PLAY & ENRICHMENT PREFERENCES

Has your cat stayed at a boarding facility or been cared for away from home before?

☐ Yes ☐ No

If yes, where / when and how did your cat respond?

_____

Has your cat lived with or regularly interacted with other cats?

☐ Yes ☐ No ☐ Unknown

How does your cat typically respond to other cats?

☐ Comfortable with familiar cats

☐ Generally avoids other cats

☐ Fearful / stressed

☐ Territorial / reactive

☐ Unknown

Preferred Activities:

☐ Wand / interactive toy play

☐ Chasing toys

☐ Puzzle feeders / food enrichment

☐ Watching birds / window time

☐ Exploring / climbing

☐ Gentle attention / petting

☐ Independent play

☐ Quiet rest / hiding

☐ Other: _____

Favorite Toys, Games, or Activities:

_____

Favorite Comfort Items (blanket, bed, familiar-smelling item, etc.):

_____

Any known toy, food, or space guarding?

☐ No ☐ Yes – Please explain:

_____

Does your cat prefer a particular balance of interaction and quiet time?

☐ Frequent gentle interaction

☐ Occasional interaction

☐ Mostly quiet / minimal handling

☐ Varies

Additional Enrichment or Play Instructions:

_____

11. LITTER BOX & HOME HABITS

What type of litter does your cat use?

☐ Clumping clay

☐ Non-clumping clay

☐ Pine / wood

☐ Paper

☐ Silica crystal

☐ Other: _____

Preferred Litter Brand / Type: _____

Litter Box Habits:

☐ Uses litter box consistently

☐ May have accidents when stressed

☐ Prefers a clean box / frequent scooping

☐ Prefers covered box

☐ Prefers uncovered box

☐ Needs a low-entry box

☐ Other: _____

How often does your cat typically urinate and have bowel movements?

_____

Any history of urinary blockage, straining, blood in urine, constipation, or litter box avoidance?

_____

Does your cat ever urinate or defecate outside the litter box?

☐ No ☐ Occasionally ☐ Frequently

If yes, when does this happen and what seems to help?

_____

Is your cat strictly indoors, outdoors, or both?

☐ Indoors only ☐ Indoor / outdoor ☐ Outdoors

Other household, scratching, hiding, or sleeping habits we should know about:

_____

12. BOARDING & SPECIAL CARE INSTRUCTIONS

Requested Service:

☐ Overnight Boarding

☐ Other: _____

Requested Drop-Off Date: _____

Requested Drop-Off Time: _____

Expected Pick-Up Date: _____

Expected Pick-Up Time: _____

Special Boarding Instructions:

_____

Does your cat have difficulty being left in an unfamiliar place or separated from you?

☐ No ☐ Yes ☐ Unsure

If yes, what signs of stress do you notice and what helps?

_____

Where and how does your cat prefer to sleep?

☐ Cat bed

☐ Blanket

☐ Covered / enclosed hideaway

☐ Open resting spot

☐ With a familiar item

☐ Other: _____

Items Provided With Cat:

☐ Food

☐ Treats

☐ Medication

☐ Carrier

☐ Bed / blanket

☐ Toys

☐ Litter / preferred litter

☐ Other: _____

Carrier Description / Special Loading Instructions:

_____

Any escape-prevention or door-handling precautions staff should follow?

_____

13. ADDITIONAL SERVICES

Please indicate any additional services requested (if offered):

☐ Nail trim ($10)

☐ Brush out

☐ Bath ($15)

☐ Ear cleaning

☐ Other grooming: _____

☐ Other: _____

Special Instructions or Handling Considerations for Additional Services:

_____

14. OWNER'S ADDITIONAL NOTES

Is there anything else we should know to help your cat feel comfortable, safe, and secure during their stay?

_____

15. CHECK-IN / CHECK-OUT RECORD

FOR STAFF USE ONLY

Date Received: _____

Time Received: _____

Staff Member Receiving Cat: _____

Cat's Condition Upon Arrival:

_____

Food / Belongings Received:

_____

Medication Received / Quantity:

_____

Carrier Received / Condition: _____

Additional Notes:_____

Date Released: _____

Time Released: _____

Staff Member Releasing Cat: _____

Cat's Condition Upon Departure: _____

Items Returned: _____

Additional Notes: _____

16. CLIENT INFORMATION ACKNOWLEDGMENT

I have provided the information above to the best of my knowledge. I understand that it is important to notify Riverside Inn Petcare of any changes to my cat's health, medications, vaccination status, behavior, dietary requirements, litter box habits, or other care needs.

I understand that accurate and complete information helps the facility provide appropriate individualized care for my cat. I agree to provide necessary food, medications, veterinary records, and care instructions as arranged with the facility.

Owner / Client Printed Name: _____

Owner / Client Signature: _____

Date: _____

Staff Member Receiving Form: _____

Date Reviewed: _____

Riverside Inn Petcare

Thank you for trusting us with your cat's care!