

Firefly Kennel, LLC

Cat Questionnaire

Owner's Name(s) \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Firefly Kennel can release your cat to the following people:

\_\_\_\_\_

Veterinarian's Name/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Cat: \_\_\_\_\_ Circle: Male / Female Spayed / Neutered

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list the current expiration dates for the following vaccinations:

Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_

Leukemia: \_\_\_\_\_

Method of flea and tick prevention: \_\_\_\_\_

Has your cat been ill in the last 30 days? Yes / No if yes, please explain:

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Is your cat on any medication?

Does your cat like attention: Yes / No If no, please explain:

Please give us any additional information you feel would help us best care for your cat:

By completing this Questionnaire and signing below, I affirm that the above statements are true and complete to the best of my knowledge.

Owner's printed name \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date: \_\_\_\_\_