

## PET PERSONALITY FORM - FELINE



Please complete the following to the best of your knowledge.  
The information you provide will be used to help us provide the best care for your pet during their time with us. There are no right or wrong answers as all pets are unique. Thank you!

### Please circle all that apply:

Has your pet ever boarded before:    Yes    No    If yes, duration of stay? \_\_\_\_\_

How would you describe your cat's lifestyle?    Indoor only    Indoor/Outdoor    Mostly Outdoor

Where does your pet sleep?    My human's bed    My own bed    Outside    Other \_\_\_\_\_

What does your pet ABSOLUTELY love? \_\_\_\_\_

Does your cat like catnip?    Yes    No

Does your pet have any dislikes? \_\_\_\_\_

Has your pet ever growled at a person or other animal?    Yes    No

If yes, what were the circumstances? \_\_\_\_\_

Has your pet ever bitten a person or another animal before?    Yes    No

If yes, what were the circumstances? \_\_\_\_\_

Does your pet have any digestive or elimination habits or related issues or concerns?    Yes    No

If yes, please explain: \_\_\_\_\_

Do you have any issues with your pet chewing on inappropriate items or being destructive?    Yes    No

If yes, please explain: \_\_\_\_\_

Other information you would like to share with us: