

# assessment form

## CAT ASSESSMENT



### OWNER DETAILS

<input type="text"/>	<input type="text"/>
First Names	Last Name

  
Preferred Name  
Home Address  
Postal Address - *if different from above*

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home No.	Mobile	Work No.

  
Email Address

**NAMED GUARDIANS** - *these are the people who can collect your cat from the Hotel. They also may be contacted in an emergency where you were not able to be reached.*

<input type="text"/>	<input type="text"/>
Guardian Name #1	Relationship

  
Contact No

<input type="text"/>	<input type="text"/>
Guardian Name #2	Relationship

  
Contact No

<input type="text"/>	<input type="text"/>
Guardian Name #3	Relationship

  
Contact No

### ANIMAL DETAILS

<input type="text"/>	<input type="text"/>
Name	Nicknames

<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB	Breed	Colour

<input type="checkbox"/>	<input type="checkbox"/>
Y	N

Desexed? (Please tick appropriate box)

  
Microchip

## PET HEALTH

The vet clinic we usually go to is \_\_\_\_\_

The vet we usually see is \_\_\_\_\_ Contact No. \_\_\_\_\_

Please list any medical problems that your cat previously or currently has/had. *This includes any surgeries (apart from desexing) your cat may have had or been told it needs.*

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How often do you treat your cat for fleas?

What product do you most commonly use?

How often do you treat your cat for worms?

What product do you most commonly use?

## FOOD AND FEEDING HABITS

Does your cat have any allergies or food sensitivities? *(Please tick appropriate box)*  Y  N

If yes, please describe what symptoms your cat displays when a reaction occurs. \_\_\_\_\_

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What do you normally feed your cat? *(Include brand if you know it)* \_\_\_\_\_

Can we use treats? *(Please tick appropriate box)*  Y  N

*NB: Being a positive reinforcement environment we do have treats available for training cats within our facility. These will always be low fat and low allergen treats but if your cat gets an upset tummy easily or is allergic to anything, please advise us so we can ensure your cat gets the correct treats or none if that is what is best for your best friend.*

## CAT BEHAVIOUR INFORMATION

How long has your cat been a part of the family? \_\_\_\_\_

Where did you get your cat from? \_\_\_\_\_

Has your cat been to a cattery before? *(Please tick appropriate box)*  Y  N

How did your cat behave at the cattery? \_\_\_\_\_

What kind of cattery unit did your cat stay in – Individual or Communal? \_\_\_\_\_

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How would you describe your cat's personality? *(Please tick any that apply)*

CONFIDENT <input type="checkbox"/>	SHY <input type="checkbox"/>	TIMID <input type="checkbox"/>	SMOOCHY <input type="checkbox"/>	FOODY <input type="checkbox"/>	GRAZER <input type="checkbox"/>
FUSSY <input type="checkbox"/>	SHARP <input type="checkbox"/>	CAT FRIENDLY <input type="checkbox"/>	HUMAN FRIENDLY <input type="checkbox"/>	INDEPENDENT <input type="checkbox"/>	

## CAT BEHAVIOUR INFORMATION CONT'D

Has your cat bitten or scratched anyone? *(Please tick appropriate box)*

 Y  N

If yes, please explain the scenario, events leading up to the incident, the events after and list any repercussions you and/or your cat had from this experience.

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Has your cat been in a fight resulting in a wound or abscess? *(Please tick appropriate box)*

 Y  N

On a scale of 1 to 10 how TERRITORIAL is your cat of your own property. 1 = not very 10 = very *(Please circle)*

1      2      3      4      5      6      7      8      9      10

Is your cat fearful of any sounds or certain situations? *(Please tick appropriate box)*

 Y  N

If yes, please explain what sounds or situations and what behaviour is displayed by your cat.

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What does your cat prefer? *(Please circle)*

Men                  Women                  No Preference

Does your cat have a litter box at home? *(Please tick appropriate box)*

 Y  N

If yes, does your cat have a preference in type of litter? *(Please describe brand/what type)*

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Does your cat have any preferred toys? *(Please describe what types of toys they like best)*

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## REFERRALS

How did you find out about Central Bark? \_\_\_\_\_

If you were referred by a current customer, what was their full name and their pet (s) name so we can thank them.

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# CENTRAL BARK CAT ASSESSMENT - TERMS AND CONDITIONS

1. I (the owner) confirm to Central Bark, that I am the legal owner of my cat; that my cat has not been exposed to any infectious diseases within the past thirty (30) days and that my cat has been vaccinated as indicated by the records presented to Central Bark.
2. I have disclosed to Central Bark all relevant information regarding my cat's medical and behavioural history and understand it is my responsibility to keep Central Bark informed of any changes to my cats behaviour or health in the future.
3. I understand that Central Bark is a facility that involve cats spending time out of their suites in shared spaces, and while all care is taken to assess suitability of cats sharing a space I accept that there are inherent risks involved in this and that Central Bark will not be liable for any injuries or illnesses resulting during my cat's attendance.
4. I waive all claims against Central Bark, its employees and representatives.
5. I agree that Central Bark will not be liable for any consequential damages.
6. I agree that if a medical problem developed while my cat is in the care of Central Bark, I authorise Central Bark to do whatever they believe is necessary for the safety, health and wellbeing of my cat and I agree to pay all expenses incurred. I understand that Central Bark will attempt to contact me using the contact details I have provided in a timely manner.
7. I accept that I may be liable for any medical care expenses and damages that result from any injuries caused by my cat. This includes my cat harming other cats even accidentally and vet bills that result.
8. I understand my cat must be treated for fleas, ticks and worms prior to visiting Central Bark. If fleas, ticks or worms are present on the cat, Central Bark reserve the right to treat the cat and charge for the service.
9. I understand that I must pay full costs for damage to property caused by my cat, including property of Central Bark and other owners.
10. I understand that any property (eg cage, collar, toys, beds, blankets, clothing and accessories etc) left with a cat are not guaranteed to be returned in the same condition or at all.
11. I understand that I must pay in full for any of Central Bark's services, whether that is Day Care, Boarding, Grooming, Training or additional services, either prior to the service (preferred) or upon collection of my cat from Central Bark.
12. I agree to pay for the full contracted booking, in the event of the cat being picked up before the due date of departure and that peak rates will apply during certain periods. Please ask for details.
13. I understand the hours of operation, check in and check out times and that if I fail to check my cat into or out of boarding within the stipulated times, that I will incur additional late fees.
14. I understand my cat will not be released until all costs have been paid.
15. I confirm that I have read and understood the above Terms and Conditions and that Central Bark reserves the right to refuse entry at any time for any reason.

CATS NAME

OWNERS NAME

SIGN

DATE

## OFFICE USE ONLY

VACC \_\_\_\_\_ AREA/ROOM \_\_\_\_\_

COMP \_\_\_\_\_ UPDATE/PHOTO \_\_\_\_\_

NOTES

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