



541-463-1066

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Cat Information Form

Owner's Name: _____ Cat's Name: _____

Sex: _____ Birthdate: _____ Color: _____

Spayed or Neutered? Yes No At Home: Indoor Only Indoor & Outdoor

Flea-Control Method: _____

Distemper Date Due: _____ Rabies Date Due (*Indoor/Outdoor Cats Only*): _____

Diet: _____

Medication(s): _____

Medical History: _____

Likes/Dislikes: _____

Owner Information

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Phone Numbers: _____

Email: _____

Local Emergency Contact: _____

Veterinarian: _____ Phone: _____

How Did You Hear About Us? _____