

# Red Mountain Pet Tender, LLC

## Application Form

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Preferred Phone (    ) \_\_\_\_\_ Cell  
Other

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

E-Mail Address \_\_\_\_\_

### In Case of Emergency (Contact):

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Cell  
Other

### Veterinarian:

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

### Pet Information:

Name: \_\_\_\_\_ Sex: M / F    Spayed / Neutered Y / N

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Feeding Schedule: \_\_\_\_\_

Brand and Type of Food \_\_\_\_\_

Is your cat allowed to have treats? Y / N    Type? \_\_\_\_\_

Where did you get this cat? \_\_\_\_\_  
\_\_\_\_\_

How long have you had him/her? \_\_\_\_\_

If you have not had him/her as from a kitten, what do you know of his/her prior history?  
\_\_\_\_\_  
\_\_\_\_\_

Does your cat have any health concerns that you are aware of? Y / N

Describe: \_\_\_\_\_

Does your cat have any medical restrictions on his/her activities? Y / N

Describe: \_\_\_\_\_

Is your cat currently on any medication? Y / N

Describe: \_\_\_\_\_

Does your cat have any allergies? Y / N

Describe: \_\_\_\_\_

Any special places your cat likes to be scratched, petted or rubbed?

\_\_\_\_\_

Anything else you believe we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_