Long-Term Care Application

PART A : Owner's Inf	^c ormation							
		Today's Date						
Title (check one):	Mr. Mr. & Mrs.	other, please specify:						
1st Person's - First Name:	Middle Name or Initial:	Last Name:						
2nd Person's - First Name:	Middle Name or Initial:	Last Name:						
Current Mailing Address - Number & Street (or PO Box), City, State, Zip:								
<u> </u>								
Current Residence Number & Street, City, State, Zip (if different from Mailing Address above):								
Current Residence (Values of Chapter States) 22p (ly angler on From Francis above).								
Current Daytime Phone Number:	Current Evening Phone Nu	mber: Current Mobile Phone Number:						
Current Baytime 1 none (vamber)	Current Evening 1 none 1 tu	moet:						
Current Fax Number (if any):	Current Email Address:							
Current rax Trumber (ij uny).	Current Eman Address.							
Name of Employer (if currently employ	ved)•							
Traine of Employer (ij carrently employ	· cuj·							
Military Status: Non-Military	V or (check any that apply) Active	Duty Reserve Veteran Retired						
Military Status: Non-Military or (check any that apply) Active Duty Reserve Veteran Retired Name, Address & Phone Number of Veterinary Hospital:								
raine, radices & Fibric rainber of v	ettimary Hospitai.							
Emergency Contact(s): A list of name unable to reach you while your cats at		ple to contact in a emergency should we be						
I am looking for Long-term Boa	arding for the period of	through						
I am considering The Sunshine Home at This Old Cat for my cat(s) because I will be:								

This Old Cat, P.O. Box 320, Honeoye, New York 14471-0320 USA phone 585.919.6557 toll-free fax 1.866.343.2737

email TheSunshineHome@ThisOldCat.com www.TheSunshineHome.com

Complete this **Part B** for your cat, using additional **Part Bs** for each cat in a multi-cat household

PART B: Cat	's Info	ormati	on			
Cat's Name:			Your Last Name Today's Date Nickname(s) I have for this cat (if any):			
Cat's Date of Birth:			Color of	Color of Eyes:		
Colon(s) of E				Distince	ishin a Mankin ası	
Color(s) of Fur:				Distingt	iishing Markings:	
Dalda Data Last Danie	D - 4 - N -				CINATIONS	D. A. N 4 D
Rabies Date Last Done:	Date Ne	xt Due:	FVRC	P ("Distem	per") Date Last Done:	Date Next Due:
Other Vaccinations (ple	ase speci <u>f</u>	y type of va	ccination and	dates last	done & next due):	
Most Decort Fel V/FIV	Tast Data			Took Doo	ultar O Nometina O Da	aidina Can
Most Recent FeLV/FIV			FIV test was done w		ults: Negative Po	sitive for ine Home at This Old Cat, also proof o
flea treatment, ear mite check and fee						
Breed (check one):	□ Domes	stic mix 🔲	Purebred (nlea	se specify:		
Hair length:	Short		m Long	se specify.)
Gender:	☐ Male	Femal				
Neutered/Spayed?:	☐ Yes*			ige:		
Declawed?:	☐ Yes*	□ No (*	If ves. at what a	ige:		
Microchipped?:	☐ Yes*	□ No (*.	If yes, Brand &	#:		
Tattooed ID?:	☐ Yes*	□ No (*.	If yes, Location	of tattoo:)
Cat normally wears:	Collar		Neither	_		
Any known allergies?	☐ Yes*	□ No (*.	If yes, please sp			
On an average day, how ma					hrs. Outdoors	s: hrs.
How long have you had this						
On a scale of 1 to 10 (with				=very good)		5 6 7 8 9 10
		is cat with o				
			numan visitors			
D 6 1()	How is th		visits to the vet			
Dry food(s) cat eats:		C	anned food(s)) cat eats:	How much car	ned food & how often?:
C + P + P					T 11/1/1	
Cat litter used:		C	at's approxin	nate weigh	t: Is weight up/d	own/steady in past year?:
37 3 034.					1 (1 1 1 1 1 1 1 1 1	0 00
Number of litter	boxes in I	10me	Тур	e preferre	d (check all that apply) 🔲	Open Covered
Things Cat Enjoys:						
Things Cat Dislikes:						
Tilligs Cat Dislikes:						
Describe Cat's General	Personali	ty:				
Any Past Medical Cond	itions?: (p	lease explain - a	nttached additional p	paper if necesso	ury)	
Any Current Medical C	onditions	?: (please expl	ain - attached additi	ional paper if n	ecessary)	
Any Other Comments?:	(attached add	ditional paper if	necessary)			