



## QUARANTINE QUESTIONNAIRE (CAT)

Please answer the following questions as accurately as possible. This will enable us to provide your cat with the best possible care during its stay with us.

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Microchip number: \_\_\_\_\_

	Yes	No
1. Have you consulted a Veterinary Surgeon within the last 6 weeks regarding medical/ surgical problem involving your cat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your cat sneezed, coughed, or had runny eyes within the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your cat receiving regular medication?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your cat fed a special diet recommended by a Veterinary Surgeon?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your cat ever suffered from kidney/bladder/urinary tract illness?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your cat suffering from any ongoing condition diagnosed by your Veterinary Surgeon?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your cat ever been diagnosed with a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your cat had diarrhoea or vomiting within the last 36 hours	<input type="checkbox"/>	<input type="checkbox"/>
9. Which flea treatment do you administer to your cat? Brand Name: _____ Date of last application: _____		
10. Which deworm medication do you administer to your cat? Brand Name: _____ Date of last application: _____		

Please note, if there is any change regarding your cat's health status before boarding, it is vital for you to inform SPCA as soon as possible as this may affect your cat's suitability for quarantine.

Signed: \_\_\_\_\_

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

\*\* Please verify the information on the questionnaire again on the day of check-in. If there are no changes, please sign to confirm that the information is accurate. Otherwise, please inform the front desk colleague immediately.

Signed : \_\_\_\_\_