

Palm Meow, Inc.
A Tropical Paradise for Cats
P.O. Box 1646
Hallandale Beach, Fl., 33008
www.palm-meow.com

**APPLICATION FOR LIFE- LONG CARE SERVICES
(CAT RETIREMENT SERVICES)**

Name of Cat(s) Applying for Life Long Care: _____

Name of Cat Guardian/Owner: _____

Owner's Complete Address: _____

City, State, zip code

Owner's mailing address (If different from above): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

How did you hear about Palm Meow, Inc? Please check all that apply:

- Received brochure in the mail
- Web search
- Friend Relative
- Newspaper
- Other - please specify _____

Important Information About the Cat(s) to be placed at Palm Meow, Inc.

Cat's Name	Breed	Age	Sex	Color	Weight	Spayed/Neutered
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please include with this application a picture of each cat applying for placement with Palm Meow, Inc. Please write the name of each cat on the back of its picture.

Medical Profile and Medications:

- Is your cat(s) currently on any medication? Yes___ No___
- If yes please specify cat's, name the current medications, dosages and reason for medications: _____

- Has your cat(s) been on any medications within the past six months? Yes___ No___ If yes please specify cat's name, medication and reason for medication: _____

- Please list any current medical conditions your cat(s) has: _____

- Please note any behavioral concerns your cat(s) may exhibit: _____

- Does your cat socialize with other cats? Yes__ No__ Explain_____
- Are your cat's claws in tact? Yes___ No___
- Are vaccinations current? Yes___ No___ Please list all current vaccinations and dates given: _____

Vaccination Requirements: Please note that each cat placed with Palm Meow, Inc. must be current with all vaccinations within the past 12 months prior to placement. At a minimum we require documentation from a Veterinarian that each cat is current with vaccinations for Rabies, Leukemia and FIV.

Please enclose a copy of the current vaccination certificates with your completed copy of this application.

Feeding, Play time, Individual Routines and Other Information:

- What brand of wet cat food does your cat eat? _____
- How often? _____
- What type of dry cat food does your cat eat? _____

