



Pet Sitting & Vacation Care

Cat Information Sheet

Client's Name: _____

Cat's Name: _____ Number ___ Of ___

Age: _____ Breed: _____ Color / Markings: _____

Sex: M / F Spayed or Neutered: Y / N Micro Chipped: Y / N UTD Vaccinations Y / N

Known Health Concerns: _____

Feeding

Details regarding your cat's feeding routine, including type of food, location of food, amount of food, approximate feeding times, special instructions.

Medication yes

If your cat is on any medication that must be administered, please use the back of this form to provide detailed instructions including medication name(s), location, dosage and frequency. **At this time we do not administer shots.**

Fun Stuff

Cat's favorite playtime activity or toy: _____

Location litter box(es) and litter: _____

Brush or Comb location: _____

Cat's favorite known hiding place(s): _____

Traits

Declawed: Y / N

Tries to escape: Y / N

Skittish with strangers: Y / N

Will not eat when stressed: Y / N

Allowed on outdoors: Y / N

Allowed to have treats / catnip: Y / N

Likes to be petted or held: Y / N

Has signs of aggression: Y / N

Please indicate any other useful information about your cat on the back of this form. yes

MEDICATIONS

Name	Dosage	How to Administer

Location of Medication: _____

FEEDING SCHEDULE

AM: Name of Pet Food	Size of Portion
PM: Name of Pet Food	Size of Portion
Name of Treat Allowed	Frequency
Other	