



Rene's Professional Pet Sitting, LLC

908-461-2734



reneruthpetsitting@gmail.com

Pet Information

Client Name _____

Cat's Name _____

Birthdate/Age _____

Breed _____

Color/Markings _____

Sex: M or F _____ Neutered/Spayed _____

Declawed? _____

*****Proof of Rabies vaccine is required for your pets file*****

Date Rabies vaccine expires _____

Feeding:

What kind of food does your cat eat?

When and how often does your cat eat?

Special feeding instructions:

Medication:

Is your cat on any medication that must be administered?

If yes, please describe any medication procedures, the name of all the medications, dosage of the medication, and where it is kept.

Other:

Is your cat allowed outdoors:

Does your cat have favorite toys?

Does your cat have favorite hiding places?

Is there something that will bring your cat out of hiding(the sound of a can opener, treats, etc.)?

How often do you do a complete litter change?

Traits:

Please answer the following brief questionnaire about your cat. It will help us to better care for him/her?

Tries to escape? YES/NO

Will not eat when stressed? YES/NO

Prone to hairballs? YES/NO

Skittish with strangers? YES/NO

Uses the litter box reliably? YES/NO

Fearful of loud noises? YES/NO

Likes to be petted? YES/NO

Likes to be held? YES/NO

Uses their claws? YES/NO

Has your cat bitten anyone? YES/NO

Other signs of aggression? YES/NO

Please indicated anything else about your cat's habits or behavior that would be useful to us in providing care:
