



YOUR CAT'S PROFILE (Please complete this form for each cat in your household.)

Cat's Name: _____ Sex: M F Age/Birthday: _____ Color/Breed/Description: _____

Veterinarian Preference: _____ Phone: () _____

Is your veterinarian aware that you will be using our pet-sitting service? No, will notify Yes, have notified

If your vet is unavailable may we use another vet or emergency vet clinic? _____

How long have you had this cat? _____ Does your cat have health insurance? _____

Does your cat allow you to brush and groom it? Yes No Is your cat spayed or neutered? Yes No

Is the cat microchipped? If so, list chip company, phone # and I.D. # _____

Is there a digital I.D. tag? If so, list company and website: _____

How does your cat react to your absence from home? _____

Does your cat have any hiding places? _____

How does your cat react toward strangers? _____

How does your cat react to other pets; e.g., any in-house grumbling or fighting? _____

Are you aware of any reason we should approach your cat with caution? _____

Does your cat have any contagious illness? _____

Does your cat have any physical conditions or health problems that I need to be alerted to? _____

List any special attention these conditions or problems may require: _____

Is there anything your cat potentially dislikes/reacts to; e.g., males, long hair, thunderstorms, etc. _____

Has your cat ever bitten or scratched anyone, animal or human? _____

Is your cat allowed free run of home's interior or contained in room or area? _____

What is your cat's feeding schedule? Free Fed A.M. Only P.M. Only A.M. and P.M. Fed Pet Food Brand: _____

Can your cat have treats? Yes No What kind? _____ How Often? _____

Is there any additional information about your cat you would like to share? _____
