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CAT INFORMATION SHEET

Cat's Name:

Age:

Breed:

Color / Markings:

Sex:



Neutered



Spayed

Microchip #:

Date Rabies shot expires:

Feeding:

What kind of foods does your cat eat?

When does your cat eat?

Special feeding instructions:

Medication(s):

Is your cat on any medications that must be administered? **If yes, please describe the medication procedures** including name, dosage and where it is kept.

Is your cat usually allowed outdoors?

Does your cat have favourite toys?

Does your cat have favourite hiding places?

Is there something that will bring your cat out of hiding (sound of can opener or shaking treat bag)?

Traits:

Please answer, by circling, the following brief questionnaire about your cat. It will help me to better care for him/her:

Declawed : YES / NO

Skittish with strangers: YES / NO

Likes new adults : YES / NO

Likes children : YES / NO

Likes to be petted : YES / NO

Likes to be held: YES / NO

Exit Seeking : YES / NO

Is allowed to have treats : YES / NO

Is prone to hairballs : YES / NO

Uses litter box reliably : YES / NO

Is fearful of noises or other things : YES / NO

Has bitten people or other animals : YES / NO

Has shown other aggression : YES / NO

Please indicate anything else about your cat's habits or behaviour that would be useful to me in providing care: