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## CAT INFORMATION

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?

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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: