

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: _____

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 the cat microchipped? If so, list chip company, phone # and ID # _____

Is there a digital/scannable ID tag? If so, list company and website: _____

How long have you had this cat? _____

Behavior, Health and Preferences

How many litter boxes are in your home and where are they located? _____

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

How does cat react to your absence from home? _____

Does your cat have any hiding places? _____

Does your cat have a favorite toy(s) or favorite activities/games? _____

Does your cat like to walk outside on a harness? ☐Yes ☐No If yes, please describe? _____

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, allergies or problems I need to be alert 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? _____

Veterinary and Emergency Information

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? _____

In the event of an emergency, if you cannot be reached, who should we contact? Please list a local emergency contact:

Name: _____ Phone: () _____ Relation to you: _____

In the unlikely event that we were to arrive to a visit and find your cat deceased and were unable to contact you for instructions, do you want us to take your cat to the veterinarian? ☐Yes, take my cat to our preferred veterinarian's office. ☐No, my cat should remain in my home until other arrangements are made per my instructions.

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