Cat's Name: Sex: DM DF 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 pet insurance? □Yes □No If yes, list insurance carrier:
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 ID #
Is there a digital ID tag? If so, list company and website:
How does cat react to your absence from home?
Does your cat have any hiding places?
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 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?
Will pet-care responsibility be shared with anyone else?*   Yes   No If yes, please give name, address, phone number of other person and detail job sharing arrangement.
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?   No What kind?   How Often?   How Often?
*Please note our policies regarding shared pet-care visits in our company's service agreement.
Is there any additional information about your cat you would like to share?