

Caring Paws Pet Sitting Services, LLC

Cat Information Form

Name: _____ Age: _____ Date of Birth: _____

Sex: Female Spayed? No Yes Male Neutered? No Yes

Declawed? No Yes Color: _____ Breed: _____

Feeding Instructions:

AM _____

PM _____

Location of Food: _____

Medications: _____

Name

When to Administer Medication

Amount

How to Administer

History of Illness? No Yes If yes, please explain: _____

Date Rabies Vaccination Good Through: _____

Please attach copy of rabies certificate.

Collar Color: _____

Micro Chipped? No Yes

Personality (include phobias/fears): _____

Favorite sleeping/hiding places: _____

Is your cat allowed on countertops? No Yes

Favorite toys and special treats: _____

May I give your cat treats? No Yes Does your cat like to be brushed? No Yes

Has your cat ever scratched or bitten anyone? No Yes

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

Do you want your cat to be let outdoors? No Yes

If yes, please sign below to indicate your understand the risks and hold Caring Paws harmless if your cat does not return and for any injury or illness being outdoors may cause.

Signature: _____ Date: _____