Cat Information Form

Name: _____ Age _____

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

Color & Breed_____

Cat's collar color: _____Is your cat micro chipped? _____

Rabies shot good through (date) _____
(Please attach a copy of your proof of vaccination)

Feeding Instructions: List usual time (I will try to keep it as close as possible) and food

_____A.M. _____

_____P.M. _____

Medications: _____
Name of Medication When to Administer Medication Amount How to Administer

History of illness or chronic condition _____

_____

Favorite toys and special treats: _____

May pet sitter give your pet treats? _____ Catnip toys? _____

Describe any fears or phobias _____

What areas does your cat ***NOT*** like to be petted _____

Has your cat ever scratched at our bitten anyone? _____ If yes please describe:

_____

Does your cat like to be brushed? _____ Is your cat allowed on furniture ? _____

Is your cat allowed on counters? _____

Where are your cat's favorite hiding places _____

Do you want your cat let outside ?_____
If yes, please sign below to indicate you understand the risks and hold Wuffy Walks harmless if your cat does not return and for any injury or illness that might occur.

_____ Signature _____Date