



**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: \_\_\_\_\_

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 # \_\_\_\_\_

How does your cat react to your absence from home? \_\_\_\_\_

Does your cat have any hiding places? \_\_\_\_\_

Does your cat have outdoor access?  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 details of job sharing arrangement.

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\*Please note our policies regarding shared pet-care visits in our company's service agreement

What is your cat's feeding schedule?  Free Free Fed  A.M. Only  P.M. Only  A.M. and P.M.  Lunchtime  3+ per day

Pet Food Brand: \_\_\_\_\_

Can your cat have treats?  Yes  No What kind? \_\_\_\_\_ How Often? \_\_\_\_\_

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