 **Cat Information Sheet**

**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cat’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Markings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: Male/Female Neutered or Spayed: Yes /No Micro chipped: \_\_\_\_\_\_\_\_\_**

**Known Health Problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding times , if needed, location of food, approximately how much, special instructions, are treats allowed, etc.**

**Medication: If your cat is on any medication that must be administered, please use the back of this form to provide detailed instruction, including medication name, location, dosage, and frequency.**

**Please indicate the location of the following, if applicable:**

**Litter box and extra litter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supplies for cleaning pet related accidents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cat’s favorite playtime activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Traits**

**Declawed: Y/N Tries to escape: Y/N Allowed outdoors: Y/N**

**Has bitten someone: Y/N Likes to be held: Y/N Signs of Aggression: Y/N**

**Allowed to have treats and Catnip: Y/N Uses litter box reliably: Y/N**

**Please indicate anything else about your cat that may be useful on the back of this form.**