



**PET  
INFORMATION  
CAT**  
(One per Page!)

**Client's Last Name:** \_\_\_\_\_  
**This Cat's Name:** \_\_\_\_\_  
Coloring: \_\_\_\_\_  
Hillsborough County Tag #: \_\_\_\_\_

Neutered/Spayed? \_\_\_Yes \_\_\_No    Micro-chipped? \_\_\_Yes \_\_\_No    Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Declawed? \_\_\_Yes \_\_\_No    Describe the collar this cat wears: \_\_\_\_\_

Food location: \_\_\_\_\_ Location for feeding: \_\_\_\_\_

Feeding Times/Amounts: \_\_\_\_\_

Food preparation details: \_\_\_\_\_

Supplements/medications (name, dose, frequency, where stored): \_\_\_\_\_  
\_\_\_\_\_

Allowed treats? \_\_\_Yes \_\_\_No    How many per day? \_\_\_\_\_ Where are they? \_\_\_\_\_

Where are the Litter Boxes? \_\_\_\_\_  
Please be sure there is an appropriate scoop and supply of bags to hold dirty litter near each Box. We recommend Fresh Step Clumping Litter.

Where is the Broom/Dustpan/Vacuum to clean tracked litter? \_\_\_\_\_

Favorite Hiding Places: \_\_\_\_\_

Location of cat between our visits: \_\_\_\_\_

Location of cat at night: \_\_\_\_\_

Temperament around humans: \_\_\_\_\_

Temperament around other animals: \_\_\_\_\_

Favorite forms of affection: \_\_\_\_\_

Favorite type of exercise/playtime: \_\_\_\_\_ Favorite toy: \_\_\_\_\_

Is this cat an "escape artist"? \_\_\_Yes \_\_\_No    What would happen if this cat got out? \_\_\_\_\_  
\_\_\_\_\_

Where is this cat's travel crate/carrier? \_\_\_\_\_

Does this cat have allergies or health concerns? \_\_\_Yes \_\_\_No    If Yes, please give information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_