



Pet Name(s): \_\_\_\_\_

Breed(s): \_\_\_\_\_

Gender: \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_

Differentiating Description: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_

**Feeding**

Brand of food: \_\_\_\_\_

Amount: \_\_\_\_\_

Time(s) of day: \_\_\_\_\_

Where cat is fed: \_\_\_\_\_

Food Storage Location: \_\_\_\_\_

Treats allowed? What kind? \_\_\_\_\_

**Location of litterbox(es)?** \_\_\_\_\_ **Extra litter?** \_\_\_\_\_

Where is scooper? \_\_\_\_\_ Where should litter be dumped? \_\_\_\_\_

**Cleaning**

Does cat have accidents? \_\_\_\_\_ Cause: \_\_\_\_\_

How should I clean up? \_\_\_\_\_ Cleaning supplies? \_\_\_\_\_

**Medication**

Which cat(s) on medications? \_\_\_\_\_ Medications: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Where stored: \_\_\_\_\_

Time(s) of day: \_\_\_\_\_ Amount: \_\_\_\_\_

How administered? \_\_\_\_\_ Does cat take it well? \_\_\_\_\_

**Special/Unusual Habits** (fears, hiding places, etc.): \_\_\_\_\_

**Favorite Activities:** \_\_\_\_\_

Does cat go outside? \_\_\_\_\_

Do you agree that **CAT WILL STAY INSIDE** while I am responsible for cat? \_\_\_\_\_