



Pet Information:

Cat's Name: _____ Breed: _____

Gender: _____ DOB: _____ Color: _____

Microchipped: Yes No Neutered/Spayed: _____ Declawed: Yes No

Veterinarian: _____ Vaccine History: Copy Present: _____

Flea/Tick Preventive: Brand and last date applied: _____

Medical/Behavior Conditions: _____

Medications and Directions: _____

1) _____

2) _____

3) _____

4) _____

Your Pet ever Bitten or Scratched any Person or Animal? _____

(if yes please explain) _____

Is Your Pet Indoor or Outdoor (or both) : _____

Other Special Needs/Comments: _____

Feeding Instructions:

Dry Food: _____ Serving Size: _____ How Often: _____

Wet Food: _____ Serving Size: _____ How Often: _____

Do you leave food out all the time: _____

Can your cat have treats while staying with us? Yes No

Food Allergies: _____

Can your cat have catnip? _____