



Client ID #: _____

Cat Information Sheet

Pawsitively Purrfect Pet Sitting

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Cat Name: _____ M / F Spayed / Neutered Birthday: _____

Breed: _____ Colors/Markings: _____

Collar: _____ Microchipped: Yes No Number: _____

Feeding Time: _____ How Much : _____ Treats: _____

Feeding Instructions: _____

Water: _____ Allergies: _____ Other: _____

Run of house / Outdoors / Limited to: _____

.....

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Number of Litter Box (s): _____ Location(s): _____

Changing Instructions/Location of Supplies: _____

Hiding Places: _____

How to coax out of hiding: _____

Favorite Toys/Games: _____

Precautions (dogs, people, other cats, scared of): _____

Other / Notes: _____