

Pet Information - Cat

Stella's Sitting Service (360) 510-8032, stella.sittingservice@gmail.com

Pet Name_____ Age_____ Breed_____

Spayed/Neutered? Y / N Gender_____ Microchip #_____

Color/Markings_____

Please describe your cat's feeding routine and portions_____

Cat is currently vaccinated as required by law: Yes_____ No_____

Is your cat allowed outside loose?_____

Where would you like your cat to be kept while alone at home (ie: loose in home, specific room, etc.)?

Is your cat stressed by: Thunder_____ Firecrackers_____ Men_____ Other_____

Please describe your cat's disposition_____

Does your cat have any sensitive areas that he/she does not like to be touched? Please describe

Please list any pet names or special words you use with your cat:_____

Favorite games or toys_____

Please describe any undesirable behaviors your cat displays in the home (ie: spraying or marking, clawing furniture, etc)_____

What is your biggest concern about your cat being under a pet sitters's care?_____

Additional information we should know:_____