

# I Stay U Go

Pet Care Services LLC

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## Cat Information Sheet

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ (We will take a photograph of your cat to keep on file.)

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Rabies Tag Number: \_\_\_\_\_ Date Rabies Shot Expires: \_\_\_\_\_

Proof of Current Vaccinations: (Please provide copy for our files.)

Tattoo: Yes \_\_\_\_\_ No \_\_\_\_\_ Microchip: Yes \_\_\_\_\_ No \_\_\_\_\_ Chip No.: \_\_\_\_\_

### Feeding:

How much does your cat eat? \_\_\_\_\_ Dry \_\_\_\_\_ Canned \_\_\_\_\_ Both \_\_\_\_\_

How often does your cat have water? Available All Day \_\_\_\_\_ OR Only at Feeding Times \_\_\_\_\_

How often does your cat eat each day? Once \_\_\_\_\_ Twice \_\_\_\_\_ Other \_\_\_\_\_

Where is the food located? \_\_\_\_\_

Any Special Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

### Medications:

We are happy to administer medication free of charge. Please explain any medication protocol that your pet is following, including name, dosage and where it is kept.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your pet have any allergies to food, treats, other? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Other Important Info:**

Does your cat have a favorite toy or blanket that they must sleep with? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the item? \_\_\_\_\_

Is your cat allowed outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_ Any special instructions for getting back indoors?

\_\_\_\_\_

Does your cat have a favorite hiding place? \_\_\_\_\_

\_\_\_\_\_

Is there something special that will bring your cat out of hiding? \_\_\_\_\_

**Traits:**

Please answer the following brief questionnaire about your cat. It will help us to better care for him/her.

Is your cat declawed? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your cat try to escape? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your cat prone to stress to the point of not eating? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your cat prone to hairballs? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your cat skittish with strangers? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your cat use the litter box reliably? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your cat fearful of loud noises, thunder storms or anything else we should know about?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail and what you do to comfort him/her.

\_\_\_\_\_

\_\_\_\_\_

Does your cat like to be petted? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your cat like to be held? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your cat ever bitten anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your cat ever shown any signs of aggression? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please include below any other information about your cat's habits or behavior that would be useful to us in providing quality care during your absence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_