Becky's PET CARE

Cat Sitting Information Sheet

702-396-9798

**Please fill out one form for each cat so that we may provide the best possible care for your pet. Thank you.*

Owner/Cat Name: _____ Male / Female Spayed / Neutered

Breed: _____ Colors/Markings: _____

Collar: _____ Microchipped: ☐ Yes ☐ No Number: _____

Run of house / Outdoors / Limited to: _____

Feeding Time: _____ Treats: _____

Feeding Instructions: _____

_____

Litter Box changed how often: _____

Changing Instructions/Location of Supplies: _____

_____

_____

Hiding Places: _____

How to coax out of hiding: _____

Favorite Toys/Games: _____

_____

_____

What commands does your cat know: _____

_____

_____

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

_____

_____

Anything else we should know: _____

_____

_____

**This form will be kept on file for all future visits. If anything changes, you will remark so on the vacation/trip log at each visit booking.*

I, _____, have entered the above information as truthfully and accurately as possible.

_____

Client Signature Date

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