

Wagtime Cat Sitting Information Sheet

**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: _____ Current Vaccinations/Flea & Tick Treatment?: Yes No

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: _____

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

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