



## CAT(s) INFORMATION SHEET

Client Name: \_\_\_\_\_

1) Cat's Name(s): \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Breed: \_\_\_ Color/Markings: \_\_\_\_\_ Neutered / Spayed: \_\_\_ Microchip ID \_\_\_\_\_

2) Cat's Name(s): \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Breed: \_\_\_ Color/Markings: \_\_\_\_\_ Neutered / Spayed: \_\_\_ Microchip ID \_\_\_\_\_

3) Cat's Name(s): \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Breed: \_\_\_ Color/Markings: \_\_\_\_\_ Neutered / Spayed: \_\_\_ Microchip ID \_\_\_\_\_

4) Cat's Name(s): \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Breed: \_\_\_ Color/Markings: \_\_\_\_\_ Neutered / Spayed: \_\_\_ Microchip ID \_\_\_\_\_

5) Cat's Name(s): \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Breed: \_\_\_ Color/Markings: \_\_\_\_\_ Neutered / Spayed: \_\_\_ Microchip ID \_\_\_\_\_

What kind of food/s do your cats eat? \_\_\_\_\_

Where do you keep their food? \_\_\_\_\_

Are your cats allowed to have treats/what kind? \_\_\_\_\_

Special feeding instructions:

### **Medication:**

Are your cats on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept:

\_\_\_\_\_

\_\_\_\_\_

### **Other**

Where do you keep the litter box(s) and bags?

\_\_\_\_\_

Where do you keep the carrier(s) in case of an emergency?

\_\_\_\_\_

Are your cats allowed outdoors?

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Do your cats have favorite toys?

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Do your cats have favorite hiding places?

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Is there something that will bring your cats out of hiding (the sound of the can opener or treat jar, for example)?

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**Traits:**

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

Are your cats declawed? YES / NO

Tries to escape? YES / NO

Will not eat when stressed? YES / NO

Prone to hairballs? YES / NO

Skittish with strangers? YES / NO

Uses the litter box reliably? YES / NO

Fearful of loud noises? YES / NO

Likes to be petted? YES / NO

Likes to be held? YES / NO

Have the cats bitten anyone? YES / NO

Any signs of aggression? YES / NO

Please indicate anything else about your cat's habits or behavior that would be useful to us in providing care:

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