



CAT INFORMATION SHEET

Client name(s): _____

Cat's name: _____

Age: _____ Breed: _____ Color/Markings: _____

Sex: Male / Female Neutered or Spayed: YES / NO Microchipped: YES / NO

Known health problems: _____

Feeding

Please detail your cat's feeding routine, including type, location, and amount of food, approximate feeding times, special instructions, etc.

Medication

If your cat is on any medication that must be administered, please use the back of this form to provide detailed instructions, including medication name, location, dosage, and frequency.

Other

Cat's favorite playtime activity and/or toy: _____

Please indicate the location of the following, if applicable:

*Litterbox(es) and extra litter: _____

*Supplies for cleaning pet-related accidents: _____

*Hair brush: _____

*Cat's favorite hiding places: _____

*Other: _____

Traits

Declawed: YES / NO

Will not eat when stressed: YES / NO

Skittish with strangers: YES / NO

Allowed outdoors: YES / NO

Likes to be held: YES / NO

Other signs of aggression: YES / NO

Tries to escape: YES / NO

Prone to hairballs: YES / NO

Uses litter box reliably: YES / NO

Likes to be petted: YES / NO

Has bitten someone: YES / NO

Allowed to have treats and catnip: YES / NO

***Please indicate anything else about your cat that may be useful on the back of this form.