



# Cat Sitting Information Sheet

Safe At Home Pet Sitting, LLC

270-320-4418

*\*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