

## Hope's Happy Paws LLC

## YOUR CAT'S PROFILE (Please complete this form for each cat in your household.)

Cat's Name: Sex: DM DF Age/Birthday: Color/Breed/Description:
Clinic/Veterinarian Name:
Address: Phone: ( )
Is your veterinarian aware that you will be using our pet-sitting service? □No, will notify □Yes, have notified
If your vet is unavailable may we use another vet or emergency vet clinic?
How long have you had this cat? Does your cat have health insurance?
Does your cat allow you to brush and groom it? □Yes □No Is your cat spayed or neutered? □Yes □No
Is the cat microchipped? If so, list chip company, phone # and ID #
Is there a digital ID tag? If so, list company and website:
How does cat react to your absence from home?
Does your cat have any hiding places?
How does your cat react to other pets; e.g., any in-house grumbling or fighting?
Any reason we should approach your cat with caution? How does your cat react toward strangers?
Does your cat have any contagious illness?
Does your cat have any physical conditions or problems I need to be alert to?
List any special attention these conditions or problems may require:
Is your cat on any medications?
Is there anything your cat potentially dislikes/reacts to; e.g., males, long hair, thunderstorms, etc.
Has your cat ever bitten or scratched anyone, animal or human?
Is your cat allowed free run of home's interior or contained in room or area?
What is your cat's feeding schedule? □Free Fed □A.M. Only □P.M. Only □ A.M. and P.M. Fed Location:
Can your cat have treats?   Yes   No Location of Treats: How Often?
Cleaning supplies location:
Litter box Location(s): Waste disposal location:
Is there any additional information about your cat you would like to share?