

Office Use Only:

Family Name: _____ Client ID: _____ Date: _____



LITTLE FRIENDS
PETSITTERS LLC

PET PROFILE – CAT

Pet Name _____ DOB _____ Breed _____

Weight _____ Color/Markings _____

Sex: Un-neutered Male Neutered Male Un-spayed Female Spayed Female

Please describe your cat's feeding routine and portions:

Drinking Water: Faucet Filtered Bottled

Medication/Supplement Instructions:

How does your cat behave at the vet? _____

When did your cat last visit the vet? _____

Does your cat have any ongoing medical conditions? _____

Veterinarian to be contacted is: Clinic/Hospital _____ Doctor _____

Address _____ Phone Number _____

Should specified veterinarian be unavailable, client authorizes LFP to select veterinarian of their choice

Yes No (Initial) _____ (no treatment will be provided if primary vet is unavailable)

Does your cat have a Microchip? No Yes # _____

Cat is currently vaccinated as required by law: Yes No

Is your cat allowed outside loose? _____

Where would you like your cat to be kept while alone at home (e.g. loose in home, specific room, etc.)? _____

Is your cat stressed by: Thunder Firecrackers Men Other_____

Please describe your cat's disposition _____

Does your cat have any sensitive areas that he/she does not like to be touched? Please describe:

Client states that the cat to be cared for by LFP is safe to be around and as not previously caused injury to any person or animal unless stated below. Any special concerns or instructions related to ensuring the safety of LFP personnel or others are listed herein:

Has ever bitten: No Yes (describe circumstances of each incident):

Enrichment:

Please list any pet names or special words you use with your cat:

Favorite games or toys _____

Please describe any undesirable behaviors your cat displays in the home (e.g. spraying or marking, clawing furniture, etc.):

What is your biggest concern about your cat being under a pet sitter's care?

Additional information we should know: