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DATE: _____

CUSTOMER CODE: _____

CAT INFORMATION

Cat's Name _____ Microchip # _____ Registry Company _____

Age _____ Breed _____ Gender M F Spayed Neutered Color/Markings _____

FEEDING: Type/s of food _____ When does your cat eat? _____

Where does your cat eat? _____ Where is food stored? _____

Water Tap Filtered Bottled Meal Instructions _____

LITTER: Location of litterbox _____ Waste disposal instructions _____

Location of broom/vacuum _____ Cleaning supplies _____

CLEAN-UP INSTRUCTIONS _____

ROUTINE: Favorite Toys/Activities _____

Favorite Hiding Places _____

Is there something that will bring your cat out of hiding? (ie. shaking food) _____

Is your cat allowed outdoors? Y N Does your cat have a carrier? Y N Where is it kept? _____

Location of Toys _____ Treats _____ Combs _____

TRAITS: Declawed? Y N Tries to escape to outdoors? Y N Less appetite when stressed? Y N

Prone to hairballs/vomiting? Y N Skittish with strangers? Y N Uses the litter box reliably? Y N

Allowed treats? Y N, how often? _____ how many? _____ Fearful of noises, etc.? Y N

Likes to be pet? Y N Likes to be combed? Y N Likes to be held? Y N Dislikes _____

Has bitten people? Y N Shown other aggression? Y N Gets along with other family pets? Y N

Additional Info _____

RULES/RESTRICTIONS _____

MEDICATION

Medication or supplements added to food/water

1. _____ Dosage: _____ Frequency _____
medication/supplement name

Instructions _____

2. _____ Dosage: _____ Frequency _____
medication/supplement name

Instructions _____

3. _____ Dosage: _____ Frequency _____
medication/supplement name

Instructions _____

Medication or supplements directly administered

1. _____ Dosage: _____ Frequency _____
medication/supplement name

Instructions _____

2. _____ Dosage: _____ Frequency _____
medication/supplement name

Instructions _____

3. _____ Dosage: _____ Frequency _____
medication/supplement name

Instructions _____