

**Cat Sitting Information Form**

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| --- | --- |
| Client Name |  |
| Address |  |
| Telephone  Number |  |
| Email |  |
| Emergency Contact Name,Phone Number, Address andEmail Address |  |
| Cat’s  Name(s) |  |
| Sex |  |
| Breed |  |
| Date of Birth |  |
| Cat’s Temperament |  |
| Vet’s Name, Address and Phone Number |  |
| Microchip Number |  |
| Any Current Medications/Previous Medical History |  |

**Booking Details**

Dates From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (am/pm) To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (am/pm)

No. of visits per day:\_\_\_\_\_\_

**Sitting Requirements**

Litter Tray: Yes / No

Feed Amount (daily):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of changing litter: \_\_\_\_\_\_\_\_\_\_

Cat/Dog Flap: Yes / No

Locked In: Yes / No

OK to Handle: Yes / No

**Other Tasks**

Bin Day: \_\_\_\_\_\_\_\_\_\_\_\_\_ Plant Watering: \_\_\_\_\_\_\_\_\_\_

Mail: \_\_\_\_\_\_\_\_\_\_ Curtains/Blinds: \_\_\_\_\_\_\_\_\_\_\_\_

Contact after each visit?: Yes / No

Preferred method of contact:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_