



Critter Sitter

Cat Info

Pet Name(s):	_____	_____	_____
Breed(s):	_____	_____	_____
Sex:	_____	_____	_____
Spayed/Neutered?	_____	_____	_____
Description (color):	_____	_____	_____
Birthday/Age:	_____	_____	_____
Brand/Type- Food:	_____	_____	_____
Amount/Time(s) per day:	_____	_____	_____
Treats:	_____	_____	_____
Medicine:	_____	_____	_____
Amount:	_____	_____	_____
Times per day:	_____	_____	_____
Vaccinations up to date?	_____	_____	_____

Where is litterbox? _____ **Extra litter?** _____

Where is scooper? _____ Where should litter be dumped? _____

Cleaning

Does pet have accidents? _____ Cause: _____

Where are cleaning supplies? _____

Special/Unusual Habits (fears, hiding places, etc.):

Favorite Activities: _____

Does cat go outside? _____ Do you realize **CAT WILL STAY INSIDE** while I am responsible for cat? _____

Pet to be groomed/brushed? _____

Anything Else I Should Know? (Care restrictions, behavioral information, etc.)

