

Melissa's Dog Walking, LLC

CAT INFORMATION

Please complete for each pet

Client's Name: _____

Cat's Name: _____ Breed: _____

Gender M F Neutered / Spayed YES / NO

Age: _____ Cat Rabies Tag #: _____ Expiration Date: _____

Micro-chipped: YES / NO Chip #: _____ Registry Co/Phone #: _____

FEEDING INSTRUCTIONS: _____

Medication Information: _____

Favorite Games / Toys: _____

Hiding Places: _____

- Does your cat try to escape? YES / NO
- Will your cat not eat when stressed? YES / NO
- Is your cat prone to hairballs? YES / NO
- Is your cat skittish with strangers? YES / NO
- Does your cat use the litter box reliably? YES / NO
- Is your cat fearful of loud noises? YES / NO
- Does your cat like to be petted? YES / NO
- Does your cat like to be held? YES / NO
- Has your cat ever bitten anyone? YES / NO

Where do you dispose of your cat's waste? _____

Special Instructions:

