



# omaha's urban pet care

## Cat

### Pet Sitting Information Form

402.671.3721 • info@zoomersomaha.com • zoomersomaha.com

Client Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street address) (Apt. or suite #)

City \_\_\_\_\_ (state) (zip)  
Client Phone numbers \_\_\_\_\_  
(home) (work) (cell)

Email \_\_\_\_\_

Cat(s) Name \_\_\_\_\_

Cats Age \_\_\_\_\_ Breed(s) \_\_\_\_\_

Color/Markings \_\_\_\_\_

Sex:  Male  Female •  Neutered/Spayed • Rabies Tag # \_\_\_\_\_

Vet's Name and phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Do you have pet insurance?  Yes  No

Special Feeding Instructions: \_\_\_\_\_

Medications: Is your cat taking any medications?  Yes  No

How and when are they given? \_\_\_\_\_

Do you want your cat let outside?  Yes  No • Does your cat use the litter box reliably?  Yes  No

Is your cat declawed?  Yes  No • Does your cat have a favorite hiding places?  Yes  No

Where? \_\_\_\_\_

Does your cat try to escape?  Yes  No • How? \_\_\_\_\_

Has your cat ever run away?  Yes  No • Does your cat eat when stressed?  Yes  No

Has your cat ever bitten?  Yes  No

If so, please explain the circumstance \_\_\_\_\_

Does your cat like to be held, petted or brushed?  Yes  No

Instructions \_\_\_\_\_

Please describe your cat's temperament around strangers, adults or children: \_\_\_\_\_

Is your cat allowed to have treats?  Yes  No What Kind? \_\_\_\_\_

Please tell us any other habits or behaviors your cat has that would help us in providing the best care while you are away. \_\_\_\_\_