

Today's Date: \_\_\_\_\_

**Cat #1**

**Pet's Name:**

**Nick-Name:**

Breed:

Sex: Female Male

Birth Date/Adoption Date:

Fixed: Yes No

Colors and/or markings:

**Cat #2**

**Pet's Name:**

**Nick-Name:**

Breed:

Sex: Female Male

Birth Date/Adoption Date:

Fixed: Yes No

Colors and/or markings:

**Cat #3**

**Pet's Name:**

**Nick-Name:**

Breed:

Sex: Female Male

Birth Date/Adoption Date:

Fixed: Yes No

Colors and/or markings:

**Cat #4**

**Pet's Name:**

**Nick-Name:**

Breed:

Sex: Female Male

Birth Date/Adoption Date:

Fixed: Yes No

Colors and/or markings:

Today's Date: \_\_\_\_\_

**Location Of Pet's Items:**

Food & Water Bowl(s)	
Litter Box(es) *how many total?	
Extra Litter & Litter Supplies	
Extra Food & Treats	
Where Should We Dispose Of Cat Waste?	

Today's Date: \_\_\_\_\_

**Special Feeding Instructions:**

**(Please print and fill out a separate copy of this sheet for any cat if they have different feeding instructions.)**

Cat's Name:

Does your pet have any dietary restrictions due to illness or allergies?

\*Brand name of food:

How much per serving & how should we serve:

What time(s) do they eat?

\*Location of food:

\*Wet:

\*Dry:

Any special feeding instructions? (i.e. mix wet food with dry, etc . . .)

If feeding wet food . . . . .

- Do we pick up the food when we leave, or leave it for them to graze on until our next scheduled visit?

When feeding dry food . . . . .

- At the next feeding time do we throw the remaining food away to add fresh food, or just add to the remaining food?

What type of water do you give your pet; tap water or other? If other where is it located?

Treats . . . When and how many can be given?

Additional Notes:

Today's Date: \_\_\_\_\_

### Vet & Emergency Vet Information

Name of Practice:

Address:

Phone #:

City:

State/Zip code:

Do you have a preferred Dr.?

How long have you been with them?

Name of 24 hour/emergency pet veterinary hospital:

Address:

Phone #:

City:

State/Zip Code:

Do you have a preferred Dr.?

### Medical Emergencies

If time is of the essence, (i.e. found unconscious, bleeding out, etc . . .) are we authorized to act first **OR** should we call you first? (please keep in mind we will always contact you if you choose authorized).

\***IF** we cannot get ahold of you, what should we do?

How does your pet travel in a car & where would carrier be located?

Did you contact your veterinarian to give us authorization? (If not please do so to prevent treatment delay in case of emergency).

Today's Date: \_\_\_\_\_

### Medical History

(Please print and fill out a separate copy of this sheet for each cat.)

**Cat's Name:**

Health issues and related:

Current meds:

How do we administer medicine to your pet?

Microchip company name:

Phone Number:

Microchip Number:

**Other Additional Notes:**