

PET INFORMATION (CAT) PART 1

ALWAYS HAPPY TAILS LLC.

PET'S NAME:				GENDER:	MALE	FEMALE
BREED:				NEUTERED/SPAYED:	YES	NO
PHYSICAL DESCRIPTION:				MICROCHIPED:	YES	NO
AGE:	WEIGHT:	DECLAWED:	FRONT / BACK / NONE	WEARS TAGS:	YES	NO

FEEDING INSTRUCTIONS

FEED SEPARATELY: YES / NO EXPLAIN: _____

DRY FOOD BRAND:

AMOUNT:	1X DAY	2X DAY	3X DAY	OR / FREE FEEDER (KEEP BOWL FULL)
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SPECIAL INSTRUCTION: _____

WET FOOD BRAND:

AMOUNT:	1X DAY	2X DAY	3X DAY	OR / FREE FEEDER (KEEP BOWL FULL)
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SPECIAL INSTRUCTION: _____

MEDICATION NAME: _____ REASON: _____

AMOUNT: _____

IF MORE THAN ONE MEDICATION PLEASE WRITE ON BACK OF PAPER.

HOW MANY TREATS PER DAY?

1	2	3	4
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 SPECIAL INSTRUCTIONS: _____

SENSITIVE STOMACH?

YES / NO

OF WATER BOWLS: _____ LOCATION:

TAP	BOTTLED	FILTERED
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HOW OFTEN DOES YOUR CAT HAVE HAIR BALLS? _____

PET LIVING AREA / ROUTINE

LITTER BOX LOCATION? LOCATION: _____

WHERE IS SCOOP AND BAGGIES? LOCATION: _____

WHERE IS EXTRA LITTER / LINERS? LOCATION: _____

ENJOYS BEING BRUSHED?

YES / NO

 BRUSH LOCATION: _____

RESTRICT PET TO ROOM / AREA:

YES / NO

 LOCATION: _____

WHERE IS THE EXTRA BEDDING? LOCATION: _____

ALLOWED ON FURNITURE:

YES / NO

 EXPLAIN: _____

OFF LIMIT ROOMS OR AREAS:

YES / NO

 EXPLAIN: _____

DOES YOUR PET HAVE TOYS?

YES / NO

 ARE THEY ALLOWED TO BE LEFT ALONE WITH THEM?

YES / NO

ALLOWED TO GO FOR RIDES IN SITTER VEHICLE? (In case of emergency)

YES / NO

Favorite Games, Toys, and Activities: _____

SIGNATURE: _____ DATE: _____