



Cat Sitting Information Sheet

WALK HIKE PLAY

Owner/Cat Name: _____ Male / Female Spayed / Neutered

Breed: _____ Colors/Markings: _____

Collar: _____ Microchipped: Yes No

Run of house / Outdoors / Limited to: _____

Feeding Time: _____ Treats: _____

Feeding Instructions: _____

Litter Box scooped how often: _____

Changing Instructions/Location of Supplies: _____

Hiding Places: _____

How to coax out of hiding: _____

Favorite Toys/Games: _____

What commands does your cat know: _____

Precautions (dogs, people, other cats, scared of): _____

Anything else we should know: _____
