



# New Client/Pet Profile

## CLIENT INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Local Emergency Contact (another person with knowledge of home and/or cat)

Name \_\_\_\_\_ Phone \_\_\_\_\_

## PET INFORMATION (complete for each pet)

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neutered \_\_\_\_\_ Declawed \_\_\_\_\_ Front only \_\_\_\_\_ All 4 \_\_\_\_\_

## FEEDING INSTRUCTIONS

WATER USED \_\_\_\_\_ Ice added \_\_\_\_\_

FOOD Canned Brand \_\_\_\_\_ Amount \_\_\_\_\_

Dry Brand \_\_\_\_\_ Amount \_\_\_\_\_

**MEDICATION INSTRUCTIONS** (name of medication/type of med/amount given/time given)

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**HEALTH HISTORY/BEHAVIORAL ISSUES**

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**OTHER CARE INSTRUCTIONS**

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**PET INFORMATION** (complete for each pet)

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neutered \_\_\_\_\_ Declawed \_\_\_\_\_ Front only \_\_\_\_\_ All 4 \_\_\_\_\_

**FEEDING INSTRUCTIONS**

WATER USED \_\_\_\_\_ Ice added \_\_\_\_\_

FOOD Canned Brand \_\_\_\_\_ Amount \_\_\_\_\_

Dry Brand \_\_\_\_\_ Amount \_\_\_\_\_

**MEDICATION INSTRUCTIONS** (name of medication/type of med/amount given/time given)

**HEALTH HISTORY/BEHAVIORAL ISSUES**

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**OTHER CARE INSTRUCTIONS**

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**PET INFORMATION** (complete for each pet)

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neutered \_\_\_\_\_ Declawed \_\_\_\_\_ Front only \_\_\_\_\_ All 4 \_\_\_\_\_

**FEEDING INSTRUCTIONS**

WATER USED \_\_\_\_\_ Ice added \_\_\_\_\_

FOOD Canned Brand \_\_\_\_\_ Amount \_\_\_\_\_

Dry Brand \_\_\_\_\_ Amount \_\_\_\_\_

**MEDICATION INSTRUCTIONS** (name of medication/type of med/amount given/time given)

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**HEALTH HISTORY/BEHAVIORAL ISSUES**

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**SPECIAL CARE INSTRUCTIONS**

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**PET INFORMATION** (complete for each pet)

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neutered \_\_\_\_\_ Declawed \_\_\_\_\_ Front only \_\_\_\_\_ All 4 \_\_\_\_\_

**FEEDING INSTRUCTIONS**

WATER USED \_\_\_\_\_ Ice added \_\_\_\_\_

FOOD Canned Brand \_\_\_\_\_ Amount \_\_\_\_\_

Dry Brand \_\_\_\_\_ Amount \_\_\_\_\_

**MEDICATION INSTRUCTIONS** (name of medication/type of med/amount given/time given)

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**HEALTH HISTORY/BEHAVIORAL ISSUES**

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**OTHER CARE INSTRUCTIONS**

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**CURRENT VET**

Clinic Name \_\_\_\_\_

Preferred vet (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**HOME CARE INSTRUCTIONS**

Pick up mail \_\_\_\_\_ Box Number \_\_\_\_\_ (if key is left)

Water indoor plants \_\_\_\_\_ Water Outdoor plants \_\_\_\_\_

Watering instructions \_\_\_\_\_

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(note: not responsible if care was given and plants die)

Trash Put out \_\_\_\_\_ Trash Day(s) \_\_\_\_\_

Keep all garage service doors locked \_\_\_\_\_

Additional requests/instructions for home care \_\_\_\_\_

Will anyone have access to home while pets are in my care \_\_\_\_\_

Who \_\_\_\_\_ When \_\_\_\_\_

### **PET UPDATE INSTRUCTIONS**

Frequency of updates sent \_\_\_\_\_

Updates sent via (text, email) \_\_\_\_\_ Whatsap strongly recommended if out of country.

### **ACCESS INFORMATION**

Community access (if applicable) Gate locked \_\_\_\_\_ Gate code: \_\_\_\_\_  
(if gate guarded, Cat Lady name will be left with guard/security/community)

Home access \_\_\_\_\_ Garage door code \_\_\_\_\_

Lockbox location \_\_\_\_\_ code \_\_\_\_\_

Alarm code (if applicable) to be provided verbally

Note: 1. keys can be kept on file with The Cat Lady (TCL) for future visits. 2. Key pick up/drop off charges by TCL will apply after initial consultation (\$10.00). 3. Keys can be picked up/dropped off at TCL's home at no charge, with sufficient notice. 4. Key can be "hidden" or put in lock box on premises at homeowners sole discretion. TCL not responsible for lost keys or break-ins if option 4 is chosen by homeowner.

### **PAYMENT OPTIONS**

Cash, personal check (payable to The Cat Lady), or quickpay via your bank if available (quickpay email address is [payment@thecatladylady.net](mailto:payment@thecatladylady.net)). Payment, if by cash/personal check, is to be left in home prior to departing. Electronic payment to be received by scheduled first visit. Failure to do so can result in TCL not caring for your pet(s).

### **CANCELLATION**

Cancellations are to be made at least 48 hours prior to first scheduled visit. If returning early, remaining visits are to be cancelled on or before 6:00 am pacific time on the scheduled visit day. Failure to do so can result in forfeiting that days' fee.

**LAST MINUTE SCHEDULING**

TCL requests as much notice a possible. We all have emergencies that arise, and TCL will make every effort to accommodate such needs

**PET PHOTOGRAPHS**

TCL will be photographing and or videoing your pet(s) for update purposes. Such images may be used by TCL to promote pet sitting business. TCL will protect your privacy by not publishing home location or surname of client. Pet(s) name may be used. All photos/video become property of TCL and will not be deleted from TCL photo/video library.

If you do not want TCL to use your pet(s) in promotional material, initial here \_\_\_\_\_

It is the sole responsibility of the Client to inform TCL in writing or via email of any changes to this profile, i.e., addition of a pet, loss of a pet, etc.

\_\_\_\_\_  
Pet guardian signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed name



## VET RELEASE/GUARDIAN CONSENT

I, \_\_\_\_\_ authorize Nanette Shahbaz, The Cat Lady, my cat sitter, to transport my cat(s) \_\_\_\_\_

\_\_\_\_\_ to your veterinary clinic for treatment. Every effort will be made to transport cat(s) to preferred veterinary clinic listed on Profile form. In the event such clinic is closed, cat(s) will be transported to the nearest emergency clinic.

Every effort will be made to contact guardian and/or emergency contact listed on Profile form. In the event such people cannot be contacted, I authorized Nanette Shahbaz, The Cat Lady, to have clinic give treatment as necessary with the exclusion of the following: \_\_\_\_\_

\_\_\_\_\_,  
not to exceed \$\_\_\_\_\_.

If euthanasia is recommended by the clinic, I expressly (do or do not) \_\_\_\_\_ authorize this form of treatment. I will then be responsible for all treatment/costs to sustain said cats life until I or emergency contact person listed on Profile form can be reached to make a decision. All such communication must be written or electronic to The Cat Lady.

I agree not to hold Nanette Shahbaz, The Cat Lady, liable for any treatment preformed. I also agree that I am responsible for all veterinary costs.

\_\_\_\_\_  
Cat guardian signature

\_\_\_\_\_  
Date signed



