



Cat Care Form

(Please be honest, as this indicates how we will approach handling them and their needs!)

Please fill out one form per pet.

Cats name: _____

What services do you expect while we're taking care of your cat? (Select any that are applicable)

Refilling Water []

Feeding []

Walks []

Cleaning out Litter Trays []

Brushing Coat []

Brushing Teeth []

Administering Medication []

General Love & Cuddles [**X**] (An obvious choice for us!)

What is your cat's current daily routine?

General Temperament

Are they usually an indoor or outdoor cat?

Indoor [] Outdoor []

Has your cat ever bitten a person?

How does your cat react to strangers coming into the house?



What motivates your cat? (Select any that are applicable)

Treats [] Toys [] Other []

If other:

What is your cat's favourite toy? (If applicable.)

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How would you like us to handle treats? (Select any that are applicable)

Any & All Treats! [] Household Treats Only [] No Treats [] Other []

If other:

Are there any area's your cat doesn't enjoy being touched or pet? (ie: paws, ears, etc)

Does your cat suffer from any anxieties or behavioural issues? (Jumping up, resource guarding, separation anxiety etc)

Is there anything else we need to know about your cat? (Please detail below)