**deweydogsatthebeach.com 302 310-2174 deweydogsatthebeach@gmail.com**

**Pet Profile - Cat**

Pet Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Markings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex:  Un-neutered Male  Neutered Male  Un-spayed Female  Spayed Female

Please describe your cat’s feeding routine and portions:

Drinking Water:  Faucet  Filtered  Bottled

Medication/Supplement Instructions:

How does your cat behave at the vet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did your cat last visit the vet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your cat have any ongoing medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian to be contacted is: Clinic/Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should specified veterinarian be unavailable, client authorizes DD, LLC to select veterinarian of their choice  Yes  No (Initial) \_\_\_\_\_\_\_ (no treatment will be provided if primary vet is unavailable)

Does your cat have a Microchip?  No  Yes #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat is currently vaccinated as required by law:  Yes  No

Is your cat allowed outside loose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where would you like your cat to be kept while alone at home (e.g. loose in home, specific room, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your cat stressed by:  Thunder  Firecrackers  Men  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your cat’s disposition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your cat have any sensitive areas that he/she does not like to be touched? Please describe:

Client states that the cat to be cared for by DD, LLC is safe to be around and as not previously caused injury to any person or animal unless stated below. Any special concerns or instructions related to ensuring the safety of DD, LLC personnel or others are listed herein:

Has ever bitten:  No  Yes (describe circumstances of each incident):

**Enrichment:**

Please list any pet names or special words you use with your cat:

Favorite games or toys \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any undesirable behaviors your cat displays in the home (e.g. spraying or marking, clawing furniture, etc.):

What is your biggest concern about your cat being under a pet sitter’s care?

Additional information we should know:

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