

Atlanta Pet Sit Biz Cat Pet Profile

Client Name: _____ Address _____

Name _____ M / F Cat Description _____ Friendly Y N

Declawed ? Y / N Front _____ Back _____ Both _____

Age or Date of Birth: _____ How Long has Cat Owned you? _____

Is this animal spayed or neutered? Yes No Afraid of Storms Y N

Rabies Vaccination Date: _____ License Number: _____

Veterinarian _____ Phone Number _____

Attitude to Strangers: Check all that apply: Excited Friendly Aloof Cautious
 Stressed By Scared Defensive Indifferent Mean

Has this pet ever bitten anyone? Yes No - Acted aggressively towards anyone? Yes No

If yes, explain: _____

Litter Box More than 1 ? Y N Where _____

Favorite Hiding Place(s):

Favorite Treat(s) Where are they kept? How given? _____

Favorite Activities / Toys / Words: _____

Feeding Instructions: _____

Other Care Instructions: _____

Physical Conditions or Problems to be alert for: _____

Any contagious illness? Yes No If yes give details _____

We ask the above question solely to be able to protect our other client's pets as well as our own with extra care and preventative measures while handling your pets and ours.

I certify that all of the above is correct to the best of my knowledge, and that I will notify Atlanta Pet Sit Biz of any changes to the above prior to the start of any Service Period.

Client

Date

Atlanta Pet Sit Biz

This signed document is authorization for APSB to enter the above address for the purpose of pet care or home security checks.