



We Sit Your Pet
(770) 967-0753

www.wesityourpet.com

Pet Sitting Service

Mary & Chuck Thompson
Owners/Pet Sitters

Coverage Areas:
Flowery Branch, Buford
Oakwood & Gainesville
(South of Browns Bridge)

CAT INFORMATION SHEET

Client Name: _____

Cat/s Names: _____ / _____

_____ / _____

Ages: _____ / _____ / _____

Sex: M or F _____ / _____ / _____

Feeding:

What kind of food/s does your cat eat?

When does your cat eat?

Special feeding instructions:

Medication:

Is your cat on any medications that must be administered? If yes, please describe any medication procedures and the name and dosage of the medication as well as where it is kept.

Other:

Is your cat/s allowed outdoors? **NO**

Please answer the following brief questionnaire about your cats. It will help us to better care for him/her:

Declawed? YES / NO Tries to escape? YES / NO Will not eat when stressed? YES / NO

Prone to hairballs? YES / NO Skittish with strangers? YES / NO Fearful of loud noises? YES / NO

Likes to be petted? YES / NO

Likes to be held? YES / NO

Provide any additional information you feel will be helpful in caring for your cats: