**Cats and Kittens Schedule**

Complete the following pages in full and email to info@allanimalpetcareservices or give to your pet consultant at initial visit.

**Owner Information**

|  |  |  |
| --- | --- | --- |
| Dates of Service | | |
| First Name | Last Name | Email |
| Home Address | | |
| Home Phone | Cell #1 & Name:  Cell #2 & Name: | Preferred Phone  Home  Cell #1 or  #2 |
| Emergency Contact (Name and best phone number. We will only call this individual if we cannot reach you.) | | |
| Vet Name and Phone Number (For emergency purposes only.) | | |
| For safety and security purposes, we will take a picture of your pet upon arrival and departure. Would you like your pet professional to send you a copy of the pictures?  No  Yes. Text to OR  Yes. Email to | | |
| How many cats will we be caring for? How many total animals will we be caring for?  If you have a dog, please complete the Dog and Puppy Schedule. If you have another type of domestic pet (reptile, guinea pig, bird, fish, etc.) complete the Other Domestic Pet Schedule.) | | |
| Should an “accident” occur, may we use cleaning supplies?  Yes  No  We bring supplies with us including Nature’s Miracle Cleaner, a natural cleaner. May we use that?  Yes  No  If you prefer we use your supplies, please provide name(s) and location of the supplies including scrub brushes, towels, etc. | | |
| Do you use a radio or television to comfort your pets while you’re away?  Yes  No  Special instructions | | |
| Would you like any lights left on? If yes, where? | | |
| Are you experiencing any behaviors we should be aware of (i.e. chewing, destruction, aggressiveness, urination etc.) | | |

**You may use one form if you have more than one cat.**

**Be sure to include information on each pet as needed.**

**Cat and Kitten Information**

**Please complete and sign in full. If you have other domestic/exotic pets receiving care, please complete the associated forms found at the web site.**

|  |  |  |
| --- | --- | --- |
| Owner | Address and preferred phone | |
| Cat #1 Name  If microchipped # | Male  Neutered  Female  Spayed | Color/Markings |
| Cat #2 Name  If microchipped # | Male  Neutered  Female  Spayed | Color/Markings |
| Cat #3 Name  If microchipped # | Male  Neutered  Female  Spayed | Color/Markings |
| Cat #4 Name  If microchipped # | Male  Neutered  Female  Spayed | Color/Markings |
| Is your cat(s) allowed free roam of the house?  Yes  No If no, what areas are off limits  Other Instructions | | |
| Feeding Instructions (name of food/brand, amount, location of food; special instructions; give a treat?) | | |
| # and location of litter boxes:  Where is the extra bedding and cleaning tools?  May we vacuum up any excess litter?  No  Yes. Location of sweeper/tools.  Where should we dispose of litter (i.e. outside garbage)  Please provide any special instructions: | | |
| Does your cat(s) take medication? If yes, complete below. | | |
| Med #1  Cat  Med #2  Cat  Med #3  Cat | Dosage for Med #1    Dosage Med #2    Dosage Med #3 | Time for Med #1    Time for Med #2    Time for Med #3 |
| Instructions for medications (location of meds and dispensers, pilled or oral, special instructions to help your pet take his/her meds). Make sure all meds are marked properly with your cat’s name. | | |
| Favorite toys and games, brushing etc. (include location of toys and brushes) | | |
| Other information of importance. (Please let us know if your cat is afraid of strangers or likes to hide and if you would like us to seek out your kitty if hiding.) | | |

Client Printed Name

Client Signature Date