



Date: \_\_\_\_\_

## Kitty Information Sheet

Client's Name \_\_\_\_\_ Kitty's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_ Email \_\_\_\_\_

Date and time of departure: \_\_\_\_\_ at \_\_\_\_\_ am/pm.

Date and time of return: \_\_\_\_\_ at \_\_\_\_\_ am/pm.

Brief description of cat: (age, sex, personality, etc.)

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Does your cat:		
Need medication administered?	Yes	No
Like to be picked up?	Yes	No
Have up-to-date vaccinations?	Yes	No
Bite or scratch?	Yes	No
Attempt to escape through doors or windows?	Yes	No
Require brushing?	Yes	No

### Veterinarian Information:

Vet's Name \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

### Other Services:

Do your plants need watering?	Yes	No
Mail/Paper brought in?	Yes	No

Other Notes

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Signing below acknowledges that Wag 'N' Walk personnel may enter your home for the purpose of picking up/returning your pet. Wag 'N' Walk shall assume no liability for any illness or injury caused to your pet or to other persons, pets or property. If your pet becomes injured or ill, Wag 'N' Walk is hereby authorized to take your pet to the nearest animal care facility and the owner of the pet shall pay such expense.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please ensure that you call us upon your return so that we know that your cat is cared for.