

# The ULTIMATE CAT SITTING HANDBOOK

GIVE YOUR CAT SITTER ALL YOUR CAT'S INFORMATION - IN ONE HANDY PLACE.



### **CAT INFORMATION**

NAME \_\_\_\_

	PH	ото	

BASIC	INFO
BIRTHDAY	
BOY/GIRL	
BREED	
COAT COLOR	
MARKINGS	
MICROCHIP #	
FIXED/IN TACT	
ALLERGIES	

VET INFO	
NAME	
PHONE	
EMERGENCY #	
ADDRESS	
CITY	

OWNER INF	ORMATION
NAME	
PHONE	
EMIAL	
ADDRESS	
CITY	

# **MEET MY FURBABIES**

TIME I WILL LEAVE						
NAME, AGE & B	BREED					
FAVORITE GAME		FAVORITE HIDING SPOT	FAVORITE TOY	TREATS		
NOTES:						
TIME I WILL	LEAVE			TIME HOME		
NAME, AGE & B	BREED					
FAVORITE GAME		FAVORITE HIDING SPOT	FAVORITE TOY	TREATS		
NOTES:						
TIME I WILL				TIME HOME		
FAVORITE GAME		FAVORITE HIDING SPOT	FAVORITE TOY	TREAT		
NOTES:						

### CAT FEEDING SCHEDULE

START WITH A WORKING TITLE. We suggest having a title as well as a sub-title. Your title is one of the most important elements of your book... and consider this to be a working title.

	TIME	FOOD	QUANTITY
	АМ		
DATE:	РМ		
DAIL.	A b 4		
	АМ		
DATE:	РМ		
	АМ		
DATE:	РМ		
	АМ		
DATE:	РМ		
	АМ		
DATE:	РМ		
S	АМ		
DATE:	РМ		
S	АМ		
DATE:	РМ		

### MEDICATION SCHEDULE

KEEP TRACK OF YOUR CAT'S MEDICATION HERE. The perfect reference for your cat sitter to check that they're giving your cat the right medication at the time time.

	TIME	MEDICATION	QUANTITY
	АМ		
	РМ		
DATE:			
_	АМ		
DATE:	РМ		
	АМ		
DATE:	РМ		
	АМ		
	РМ		
DATE:			
	АМ		
DATE:	PM		
	АМ		
DATE:	РМ		
	AM		
DATE:	РМ		

## PET INSURANCE INFORMATION

SUBMIT CLA	AIM AFTER TREATMENT?	OUTSTANDING CLAIMS?			
PROVIDER & T	EL. NO.				
CAT'S NAME	POLICY NO.	RENEWAL:	ANNUAL \$ LIMIT:		
NOTES					
SUBMIT CLA	AIM AFTER TREATMENT?	OUTSTA	ANDING CLAIMS?		
PROVIDER & T	EL. NO.				
CAT'S NAME	POLICY NO.	RENEWAL:	ANNUAL \$ LIMIT:		
NOTES:					
SUBMIT CLA	AIM AFTER TREATMENT?	OUTSTA	ANDING CLAIMS?		
PROVIDER & T	EL. NO.				
CAT'S NAME	POLICY NO.	RENEWAL:	ANNUAL \$ LIMIT		
NOTES:					

# MY CAT'S MEDICATION TRACKER

**RECORD YOUR CAT'S MEDICATION & DOSE**. For recurring doses, color in the dots as you're able to give it to them.

	MON	TUE	WED	THU	FRI	SAT	SUN
EX: SEMINTRA							
					$\bigcirc$		
MEDICATION	TIM	E [	OOSAG	E DET	AILS	UNT	I L

# FLUID THERAPY TRACKING

	MON	TUE	WED	THU	FRI	SAT	SUN
THERAPY DETAILS:	0	0	0	0	0	0	0
CAT'S NAME							
VET/SELF-ADMINISTERED							0
	MON	TUE	WED	THU	FRI	SAT	SUN
THERAPY DETAILS:							
CAT'S NAME							
CATSINAME							
	0		0				
	MON	TUE	WED	THU	FRI	SAT	SUN
THERAPY DETAILS:							
CAT'S NAME							