



INTERVIEW QUESTIONNAIRE-CAT(S)

DATE: _____

Name: _____ Address: _____

Alarm Code: _____ Tried? Y N Key tried? Y N

Dates/Times of visits: _____ Thru _____

Confirmation call? Y N Different time zone? _____

Emergency contact: _____

Phones: H : _____ W : _____

Cell : _____ E-mail: _____

Confinement instructions: _____

Litter box loc. _____ Waste disp. _____ Recycling Y N

Skittish Y N Declawed Y N Prone to hairballs Y N

Favorite hiding places: _____

To call out of hiding, do this: _____

Name: _____ M/F, Breed : _____ Color : _____ Age : _____

Meds? Y N Med Name : _____ Dose : _____ Time : _____

Food/water treats: _____

_____ Storage LOC. _____

Name: _____ M/F, Breed : _____ Color : _____ Age : _____

Meds? Y N Med Name : _____ Dose : _____ Time : _____

Food/Water treats: _____

_____ Storage LOC. _____

Biting/scratching: Y N Rushes the door: Y N Escapes: Y N

Demeanor w other animals: _____

Anyone else expected on property? _____

In the event there is soiling of a carpet, what is used to clean it? _____

Other small pets, plants to be watered and nighttime lighting instructions: _____