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Cat Care Information

If possible, please provide Kitten Sittin' with photos and names of Cat(s).

Cat's Name: _____ Breed: _____ Color: _____

DOB / Age: _____ Sex: _____ Weight: _____ Spayed / Neutered? ___ Y ___ N

Door Darter? ___ Y ___ N De-clawed? ___ Y ___ N

History of Biting / Aggression Issues? _____

History of Illness / On Medications? _____

Special Dietary Needs? _____

Fears / Phobias (vacuum, etc.)? _____

What will bring cat out of hiding? _____

Favorite Toys / Special Treats? _____

Cat Interaction (brushing, etc.)? _____

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