

Kate's Cat Sitting Services

Client's Name: _____

Address: _____

Cell Phone: _____ Email address: _____

Cat Information:

Name	Age	Gender	Color/Markings

Feeding Instructions:

Medication Instructions:

I authorize Kate's Cat Sitting Services (KCSS) to act as my agent in the event of my cat needing medical attention. I further agree that I will be responsible for any and all cost of veterinary care deemed necessary by the licensed veterinarian.

Signature _____ Date: _____

IMPORTANT NUMBERS

Emergency Contact: _____ Phone: _____

Will cat care responsibilities be shared with anyone else not affiliated with KCSS?

If YES, please provide the following information

Name: _____ Phone: _____

VETERINARY HOSPITAL INFORMATION

Veterinary Office Name: _____

Address: _____

Phone: _____

CAT VISIT INFORMATION

Date of first visit: _____ Date of last visit: _____

Number of visits per day: _____ Total number of visits: _____

ADDITIONAL INSTRUCTIONS

TERMS AND CONDITIONS

1. Payment is due on or before Kate Koepke's first visit. An invoice will be emailed to the guardian three days before first scheduled cat sitting visit. Payment options include cash, check or PayPal. Please make checks payable to Kate Koepke.
2. Guardian will inform their Veterinarian that Kate Koepke will be caring for their cat(s) in their absence. If possible, guardian will make arrangements to have Veterinarian reimbursed for any service necessary during their absence by leaving their credit card number on file.
3. In the unlikely event of illness or personal injury to Kate Koepke, guardian will authorize Kate Koepke to arrange for another qualified person to fulfill responsibilities. Guardian will be notified in such a case.