Cat Sitter Checklist

CONTACT INFORMATION

Owner's Name:	
Phone No.:	
Emergency Guardians Name:	
Phone No.:	Relationship:
Vet Clinic Name:	Emergency Pet Care Instructions: (In case of illness or injury)
Address:	
Phone No.:	

DAILY ROUTINE

	Feeding So	chedule: Morning	Feed		Feeding S	chedule: Evening	Feed
\checkmark	Time	Quantity	Type of Food	\checkmark	Time	Quantity	Type of Food

		Treats	
\checkmark	Kind of Treats	Quantity	Time

	Water			Playtime			
\checkmark	Location	Frequency Change Water	\checkmark	Favorite Toys	Preferred Playtimes	Interactive Play	
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	Litter	Box Maintenance	,		Groomi	ng
\checkmark	Location(s)	Scoop Frequency	Complete Change	\checkmark	Brushing	Nail Trimming

HEALTH AND MEDICATION

		Medicati	ons			First Aid	Kit
\checkmark	Name of Medication	Dosage/ Frequency	Health Conditions	Signs of Distress	\checkmark	Location	Instructions

HOUSE ACCESS & SECURITY CLEANING & MAINTENANCE

	Keys & Access Codes			Accidents		
\checkmark	Entry Instructions	Security Systems	\checkmark	Cleaning Supplies	Stain Removal Instructions	

	Safe Zones			Litter Disposal		
\checkmark	Rooms Allowed In	Rooms Off-Limits	\checkmark	Where to Dispose	How to Dispose	

	Doors & Windows			Household Tasks		
\checkmark	Check for Open/Close	Safety Precautions	\checkmark	Mail Collection	Plant Watering	

SPECIAL INSTRUCTIONS

	Behavioral Notes						
\checkmark	Temperament	Handling	Hiding Spots				

	Interaction with Other Pets	Music/TV		
\checkmark	Instructions if other Pets are in the Home	\checkmark	Background Noise (If the cat likes background noise, what to play)	

DEPARTURE AND RETURN INSTRUCTIONS

\checkmark	Check-in with Owner / Updates	\checkmark	Final Day / Homecoming Prep