



Kitty Sitter Daily Checklist:

Kitty sitter: Please use this form to provide the cat's family with daily updates on his/her care. Please use a separate form for each cat you are caring for.

Name of cat: _____ Date: _____

TIME OF VISITS

Time / a.m. _____ Time / p.m. _____

CAT PRESENCE

Was the cat visible? ____ Yes ____ No Did you interact with the cat? ____ Yes ____ No

FOOD GIVEN

Type of food: _____ Time fed: _____

Amount fed: _____ Amount consumed: _____

EXCREMENT - Did you observe any of the following:

____ Runny stool _____ Blood in stool _____ Hard stool

____ Blood in urine _____ Small spots of urine _____ None

____ Other _____

Number of urine balls scooped: _____ Number of poops scooped: _____

BEHAVIOR - Did you notice any of the following:

____ Straining in the litter box _____ Crying _____ Hiding/isolation

____ Not eating _____ Lethargy _____ Licking lips

____ Sneezing/coughing _____ Open mouth breathing _____ None

____ Other _____

OTHER OBSERVATIONS

Did the cat get outside? _____ Yes _____ No

If yes, explain _____

Did the cat eat/ingest anything other than food/treats? _____ Yes _____ No

If yes, explain _____

Did the cat exhibit any wounds or rashes? _____ Yes _____ No

If yes, explain _____

Please complete and email this form to: _____