Pet Guardianship Program: CAT BIOGRAPHY

*Please fill out this form as completely as possible!* No one knows and loves your cat the way you do. To help us find the best new home for your cat, please provide as much detail as possible about the likes, dislikes, quirks, history, and vet care of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

Our mission at Humane Society Silicon Valley (HSSV) is "To Save and Enhance Lives"!

**YOUR CONTACT INFORMATION**

Your Name:  
Email:  
Address:  
Day Phone:  
City/State/Zip:  
Evening Phone:  
Today’s Date:  
Other Phone:  

**DESCRIPTION OF YOUR CAT and BASIC HISTORY**

Cat’s Name:  
Age:  
Sex:  □ Male  □ Female  
Altered:  □ Yes  □ No  

Breed:  
Does your cat have a microchip?  □ Yes  □ No  
Chip #:  

Color:  

Does your cat have a tendency to bite or scratch?  □ Yes  □ No  
If yes, does it break skin?  □ Yes  □ No  
If yes, under what circumstances:  

How long have you owned your cat?  

Including yours, how many homes has this cat had?  

Where did you get your cat from?  

□ Breeder  □ Friend or Relative  □ HSSV (when did you adopt?):  
□ Pet Store  □ Advertisement  □ Another Shelter / Rescue:  
□ Born at home  □ Found stray  □ Other:  

**FAMILY ENVIRONMENT**

Please describe the human family members that your cat has *lived* with (*check all that apply*):  

□ Adult Men  □ Adult Women  □ Senior Citizens  □ Children (what ages):  

Did your home have children as visitors on a regular basis?  □ Yes  □ No  
If yes, what were the ages of the children:  

Describe your cat’s behavior around children (*check all that apply*):  

□ Friendly/playful  □ Gentle  □ Nervous / frightened  □ Unpredictable  
□ Ignores or indifferent  □ Roughhouses  □ Actively avoids children  □ Never been around children  
□ Other (please explain):  

Ver. 2, March 2014/JW
Would you recommend placing this cat in a home with children?  □ Yes  □ No  
If no, please explain:

Please check all the animals that your cat has lived with (check all that apply):

□ Male cats  □ Rabbits  □ Birds  □ Dogs (what kind):

□ Female cats  □ Farm Animals  □ Reptiles  □ Small Animals (what kind):

□ Other: 
If your cat lives with other cats, how many are in the household?

Describe your cat’s behavior around other cats (check all that apply):

□ Adores other cats  □ Friendly/playful  □ Frightened  □ Aggressive with all cats
□ Ignores or indifferent  □ Bossy  □ Cause this cat stress  □ Aggressive with unfamiliar cats
□ Good with some cats  □ Roughhouses  □ Avoids other cats  □ Never been around other cats

□ Other (please explain):

Would you recommend placing this cat in a home with other cats?  □ Yes  □ No  
If no, please explain:

Describe your cat’s behavior around dogs (check all that apply):

□ Never been around dogs  □ Friendly/playful  □ Bossy  □ Frightened of dogs
□ Ignores or indifferent  □ Roughhouses  □ Stressed by dogs  □ Aggressive toward dogs

□ Other (please explain):

Would you recommend placing this cat in a home with dogs?  □ Yes  □ No  
If no, please explain:

HOME ENVIRONMENT

Where does your cat live?

□ Indoors only  □ Inside mostly  □ Inside and Outside equally  □ Outdoors only
□ Only outside with supervision  □ Outside and in garage
If indoor/outdoor, when was the cat allowed outside:

Where does your cat sleep at night (check all that apply)?

□ Loose in the home  □ Confined to one room  □ On couch, chair, or other furniture
□ In adult’s room  □ In child’s room  □ On the person’s bed
□ On the cat’s bed  □ In garage  □ Outside

How many hours of a typical day is your cat home alone (check one):

□ None, someone is always around  □ Less than 1 hour  □ 1-5 hours
□ 5-10 hours  □ 10+ hours  □ Lived outdoors, never been inside
□ Other (please explain):

Please indicate the number of each you have in your home:

Scratching posts:  __________  Food bowls:  __________  Water bowls:  __________

How many litter boxes are provided for your cat?  __________  □ No litter box, cat does its business outside

Does your cat ever have any “bathroom accidents” (check all that apply):

□ Never  □ Occasionally  □ Only if litter box is dirty
□ Sometimes  □ Regularly  □ Daily

□ Other (please explain):

How would you describe your household (check one)?

□ Active, busy, and/or noisy  □ Average  □ Calm and/or quiet
### ACTIVITIES, PLAY and BEHAVIOR

Would describe your cat as (check all that apply):

- Friendly and outgoing
- More like a dog than a cat
- Rambunctious
- Affectionate
- Lap cat
- Other (please explain):
- Active
- Playful
- Fearless
- Friendly to visitors
- Lazy
- Feisty
- Vocal / Talkative
- Independent
- Aloof
- Spiteful
- Anxious and/or nervous
- Shy
- Shy only with strangers
- A scaredy cat
- Solitary
- More like a dog than a cat
- Playful
- Vocal / Talkative
- Shy
- Playful
- Vocal / Talkative
- Shy
- Rambunctious
- Fearless
- Friendly to visitors
- Lazy
- Feisty
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- Independent
- Aloof
- Spiteful
- Anxious and/or nervous
- Shy
- Shy only with strangers
- A scaredy cat
- Solitary
- Other (please explain):

Does your cat (check all that apply):

- Use a scratching post
- Walk on a leash
- Meow a lot
- Chew on plants
- Like catnip
- Like being groomed
- Like being held
- Sleep on bed with people
- Drool when pet
- Jump on counters
- Bite or chew playfully
- Hunt rodents/birds
- Play fetch
- Climb drapes
- Pounce from above
- Hide from other cats
- Fight with other cats
- Scratch drapes
- Scratch carpeting
- Become very active at night

Describe how your cat likes to play (check all that apply):

- Gently – no teeth or claws
- Likes mouse toys and/or balls
- Likes cracky things (ex. paper bags)
- Likes feather wands or pole toys
- Other (please explain):
- Fetches toys and/or small items
- Likes hide and seek
- Learns tricks for treats
- Likes playing with other cats
- Rough – may bite or scratch in play
- Likes to chase and pounce
- Chases bugs / moths
- Not much interest in playing

Are there any places on your cat’s body that s/he does not like being touched, brushed or petted?  

- Yes  
- No

If yes, please explain where:

What does your cat do when it has had enough petting (check one)?

- Walks away
- Grows, scratches, and/or bites
- Too much petting, what’s that!
- Other (please explain):  

How does your cat react to visitors and/or strangers in your home (check all that apply)?

- Immediately curious of visitors
- Indifferent, goes about normal activity
- Other (please explain):
- Hides, but soon comes to say hi
- Avoids, but goes about normal activity
- Hides, does not come out while there
- Rarely have visitors in my home

Is your cat afraid of anything (check all that apply)?

- Loud noises
- School aged children
- Strangers / Unfamiliar people
- Other (please explain):
- Vacuum
- Babies and/or toddlers
- Unfamiliar cats
- Cars
- Broom
- Unpredictable children
- Unfamiliar dogs
- Anything new or different

What does your cat do when afraid:

Does your cat have any bad habits or "quirks"?  

- Yes  
- No

If yes, please explain:

Does your cat know any tricks or commands?  

- Yes  
- No

If yes, please explain:

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### DIET, HEALTH and GROOMING

What brand of food does your cat eat?

How often does your cat eat?

- Once a day
- Twice a day
- Always available
- Other:  

Does your cat eat:

- Wet food only
- Dry food only
- Combination
Is your cat declawed?  □ Yes-Front  □ Yes-Back  □ Not declawed  If yes, when was your cat declawed? ____________

How does your cat react to seeing the veterinarian (check all that apply):

□ Loves it  □ Tolerates it  □ Hates it
□ Nervous  □ Needs to be muzzled for the vet  □ Has never seen the vet

Name and location of your cat’s veterinarian:

Please indicate which vaccinations your cat has had and the date of the most recent vaccination:

□ FVRCP: ____________  □ Rabies: ____________  □ Never been vaccinated
□ Feline Leukemia: ____________  □ FIV: ____________

Has your cat ever been diagnosed or treated for any of the following by a veterinarian (check all that apply):

□ Urinary blockage  □ Ringworm  □ Upper respiratory infection / conjunctivitis
□ Digestive problems  □ Ear mites  □ Urinary tract infection
□ Broken bone(s)  □ Diabetes  □ Thyroid disease
□ Kidney or liver problems  □ Compulsive grooming  □ Tumors and/or Cancer
□ Required surgery  □ Flea allergies or skin problems  □ None, my cat has always been healthy
□ Other illness / condition:

Does your cat require any medications or a special diet?

Is your cat accustomed to (check all that apply):

□ Bathing  □ Brushing / combing  □ Nail Trimming
□ Ear cleaning  □ Medicating  □ Other:

Has your cat ever been kenneled/boarded at a:

□ Private Boarding Kennel  □ Veterinarian  □ Animal Shelter  □ Never been boarded

If yes, how did your cat react to being kenneled / boarded?

OTHER

What else should we know about your cat so we may find it the best home?

I confirm that I have named Humane Society Silicon Valley in my will or trust.

Signature: _____________________________  Date: _____________________________

Please make a copy of this form for yourself, and mail the original to:

Humane Society Silicon Valley
Attn: Bridget Keenan
901 Ames Ave.
Milpitas, CA 95035

Please remember to:
• Keep your own copy of this profile with your will or trust.
• Identify two friends or family members as individuals who know that they are entrusted to deliver your pet(s) to HSSV in case of emergency.