

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): _____

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
- Only outside with supervision Outside and in garage Outdoors only

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*):

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

Does your cat (*check all that apply*):

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

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

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

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*)?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Walks away | <input type="checkbox"/> Growls, scratches, and/or bites | <input type="checkbox"/> 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*)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Immediately curious of visitors | <input type="checkbox"/> Hides, but soon comes to say hi | <input type="checkbox"/> Hides, does not come out while there |
| <input type="checkbox"/> Indifferent, goes about normal activity | <input type="checkbox"/> Avoids, but goes about normal activity | <input type="checkbox"/> Rarely have visitors in my home |
- Other (*please explain*): _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Loud noises | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Broom |
| <input type="checkbox"/> School aged children | <input type="checkbox"/> Babies and/or toddlers | <input type="checkbox"/> Unpredictable children |
| <input type="checkbox"/> Strangers / Unfamiliar people | <input type="checkbox"/> Unfamiliar cats | <input type="checkbox"/> Unfamiliar dogs |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cars | <input type="checkbox"/> Anything new or different |
- Other (*please explain*): _____

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: _____

DIET, HEALTH and GROOMING

What brand of food does your cat eat? _____

How often does your cat eat?

- | | | | |
|-------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Twice a day | <input type="checkbox"/> Always available | <input type="checkbox"/> Other: _____ |
|-------------------------------------|--------------------------------------|---|---------------------------------------|

Does your cat eat:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Wet food only | <input type="checkbox"/> Dry food only | <input type="checkbox"/> 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*):

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Loves it | <input type="checkbox"/> Tolerates it | <input type="checkbox"/> Hates it |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Needs to be muzzled for the vet | <input type="checkbox"/> 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:

- | | | |
|---|--|--|
| <input type="checkbox"/> FVRCP: _____ | <input type="checkbox"/> Rabies: _____ | <input type="checkbox"/> Never been vaccinated |
| <input type="checkbox"/> Feline Leukemia: _____ | <input type="checkbox"/> FIV: _____ | |

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

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

Does your cat require any medications or a special diet? _____

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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Brushing / combing | <input type="checkbox"/> Nail Trimming |
| <input type="checkbox"/> Ear cleaning | <input type="checkbox"/> Medicating | <input type="checkbox"/> Other: _____ |

Has your cat ever been kenneled/boarded at a:

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Private Boarding Kennel | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Animal Shelter | <input type="checkbox"/> 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: Joanna Wlodarzewska
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.