

# Pet Guardianship Program: CAT BIOGRAPHY



No one knows and loves your cat the way you do. As a member of our Pet Guardianship Program, your pet is a priority to us, and we commit to you that we will do our best to find the ideal home for them if/when they come into our care.

## 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: \_\_\_\_\_

Was your cat adopted from Humane Society Silicon Valley?  Yes  No

Would you recommend placing this cat in a home with **children**?  Yes  No

Would you recommend placing this cat in a home with **other cats**?  Yes  No

Would you recommend placing this cat in a home with **dogs**?  Yes  No

Where does your cat live (*check all that apply*):

- Indoors only  Inside mostly  Inside and outside equally  
 Only outside with supervision  Outside and in garage  Outdoors only  
 Other (*please explain*): \_\_\_\_\_

**Name and location of your cat's veterinarian:**

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       |

Other illness / condition: \_\_\_\_\_

Does your cat require any medication or a special diet?

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

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**I confirm that I have named Humane Society Silicon Valley in my will or trust, and/or as a beneficiary of my IRA, 401K, life insurance policy, donor advised fund, or other account.**

**Signature:**

**Date:**

Please make a copy of this form for yourself, and mail the original, along with a copy of the page from your will/trust where Humane Society Silicon Valley is named as a beneficiary, 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.
- Notify HSSV if your pet passed away, their health changed, or if you have added new pets to your home.