

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?

I confirm that I have named Humane Society Silicon Valley to receive a gift 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: Megan Guzman
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.