



## Pet information for future caregivers (cat)

**Instructions:** Please fill out the following information with as much detail as possible. Attach additional pages as necessary and place this document, along with any pertinent veterinary records, with your last will and testament or final directives. We recommend reviewing and updating this information annually or as frequently as your cat's situation changes. If you plan to leave your animal in the care of a friend or family member, review this document with them after you complete it. If you plan to leave your animal in the care of a shelter to place it in a new home, please leave instructions to bring this form and any veterinary records to the shelter along with your cat.

Cat's Name: \_\_\_\_\_ Sex: Male\_\_ Female\_\_ Age or exact birthdate if known \_\_\_\_\_

Breed: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Approximate weight: \_\_\_\_\_

Is your cat spayed/neutered? Yes \_\_\_ No \_\_\_

Current on vaccinations? Yes\_\_\_ No\_\_\_ Date of last vaccination: \_\_\_\_\_

Microchipped? Yes\_\_\_ No\_\_\_ Microchip Provider: \_\_\_\_\_

Name and phone number of cat's veterinarian: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you had this cat? \_\_\_\_\_ Where did you get him/her? \_\_\_\_\_

Indoor \_\_\_ Outdoor \_\_\_ Indoor/Outdoor \_\_\_ Does your cat use a doggie door? Yes\_\_\_ No\_\_\_

List any past or present medical issues: \_\_\_\_\_

Date and reason for last vet visit \_\_\_\_\_

Has this cat ever broken a person's skin with her/his teeth? Yes \_\_\_ No \_\_\_ If yes, please describe the situation.

Describe how your cat plays with other cats: \_\_\_\_\_

Do you use, or have you ever used, a cat carrier for this cat? Yes \_\_\_ No \_\_\_ How does he/she react to being put in a carrier? \_\_\_\_\_

List all other pets (species) this cat has lived with and describe any concerns: \_\_\_\_\_

If your cat has experience with children, what were their ages? \_\_\_\_\_

Describe your cat's behavior when she/he interacts with children: \_\_\_\_\_

Has your cat ever injured another animal? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe what occurred:

\_\_\_\_\_

What are your cat's favorite games/toys? \_\_\_\_\_

Is your cat bonded to another pet? Yes \_\_\_\_ No \_\_\_\_

Brand of food and feeding routine: \_\_\_\_\_

\_\_\_\_\_

Is your cat allowed on the furniture, counters, tables, bed, etc.? Describe any restrictions: \_\_\_\_\_

\_\_\_\_\_

What people cause your cat to be nervous, fearful, assertive, or unsure? \_\_\_\_\_

How does your cat react when people come to your house to visit? \_\_\_\_\_

What areas of your cat's body does she/he NOT like you to touch? \_\_\_\_\_

How does your cat react to being touched there? \_\_\_\_\_

Does your cat use a litter box? \_\_\_\_\_

How many house-soiling mistakes does your cat have each week? \_\_\_\_\_

If you could change one thing about your cat's behavior, what would it be? \_\_\_\_\_

\_\_\_\_\_

What do you think the ideal home for your cat would look like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were placing an ad to re-home your cat, what would it say about him/her? \_\_\_\_\_

\_\_\_\_\_

Any other information that would be helpful to a future caregiver and/or would assist a shelter in finding a home for your cat:

\_\_\_\_\_

\_\_\_\_\_

For questions about planning for your pets, contact Roice-Hurst Humane Society at 970-434-7337.