

# Pet Information for Future Cat Caregivers

## 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 whenever 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 completing it. If you plan to leave your animal in the care of a shelter to place in a new home, please ensure this form and any veterinary records accompany your cat.

**Cat's Name:** \_\_\_\_\_ **Sex:**  Male  Female

**Age/Birth Date:** \_\_\_\_\_ **Approximate Weight:** \_\_\_\_\_

**Breed:** Primary \_\_\_\_\_ Secondary \_\_\_\_\_

**Spayed/Neutered?**  Yes  No **Current on vaccinations?**  Yes  No

**Date of last vaccination:** \_\_\_\_\_ **Microchipped?**  Yes  No

**Microchip Provider:** \_\_\_\_\_

**Veterinarian Name:** \_\_\_\_\_

**Veterinarian Phone:** \_\_\_\_\_

**How long has your cat been part of your family?** \_\_\_\_\_

**Where did you get him/her?** \_\_\_\_\_

**Indoor:**  **Outdoor:**  **Indoor/Outdoor:**  **Uses 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 his/her teeth?**  Yes  No If yes, describe:

\_\_\_\_\_

**Describe how your cat plays with other cats:**

\_\_\_\_\_

**Used a cat carrier for this cat?**  Yes  No

**Reaction to carrier:** \_\_\_\_\_

**List all other pets 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 around children:**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Favorite games/toys:**

\_\_\_\_\_

**Bonded to another pet?**  Yes  No

**Brand of food and feeding routine:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allowed on furniture, counters, tables, bed, etc.? Describe restrictions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**How does your cat react when people visit your home?** \_\_\_\_\_

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On what areas of your cat's body does he/she NOT like being touched? \_\_\_\_\_

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

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Uses litter box?  Yes  No House-soiling mishaps?  Yes  No Average/week: \_\_\_\_\_

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

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If you were placing an ad to rehome your cat, what would it say?

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Please provide any additional information helpful to a future caregiver and/or shelter:

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## Contact Information

For questions about planning for your pets, please contact:  
**Amber Dawson, Shelter Manager**  
Phone: (970) 434-7337  
Email: amber  
Mailing Address: PO Box 4040, Grand Junction, CO 81502  
Grand Junction Facility: 362 28 Road, Grand Junction, CO 81501  
Website: <https://rhumanesociety.org>  
Facebook: <https://www.facebook.com/RoiceHurst>  
Legacy Circle: <https://rhumanesociety.org/support/legacy>