



CAT DOSSIER FORM

Thank you for taking the steps to enroll your cat in the Hearts That Purr Feline Guardian program. Our program is designed to ease the transition from a cat's familiar home into our care after the death or incapacitation of its owner. We understand the reason you are taking this step is because you love your cat very much and wish to ensure the continuation of his or her care should you no longer be here to do so yourself.

We want you to rest assured knowing that by joining our family of Feline Guardian Program enrollees, your cat's happiness, comfort and safety will be our highest priority and all decisions regarding your cat will always be made with the best interest of your cat as an individual and your wishes in mind.

Unless an ideal adoptive home is found, our organization utilizes high-quality group and foster homes to provide your cat a lifetime of loving care in as close to the residential environment he or she had with you. Letting us know as much about your cat, especially with regard to behavior and medical issues, will greatly help us to help them adjust to their life without you. Therefore, please answer the following questions about your cat in as much detail as possible and feel free to add additional information as you like to help us know your cat better. If you do not know the information requested, leave it blank. If you have any questions, please call us to discuss them.

Finally, please attach a photo of your cat with the Cat Dossier Form. (If you do not have one to spare, you may email a digital image to us at heartsthat@outlook.com.)

CAT DOSSIER FORM
(ALL INFORMATION PROVIDED WILL REMAIN PRIVATE)

Your Name _____ Your Age _____

Address _____

City, ST, Zip _____ Phone _____

Email _____ Alt. Phone _____

Are you the sole owner of the cat being enrolled? Yes____ No____

If not, please list the name(s) of any other person who shares ownership and how you are related to them? _____

Are you enrolling your cat in The Feline Guardian Program for future “peace of mind” or do you have a current health concern that may necessitate your cats coming to live at our sanctuary in the immediate future? *(We apologize for inquiring about this personal information; however, it is important. One of the characteristics that set Hearts That Purr apart from other feline sanctuaries is our policy of maintaining a low resident population of felines. Because cats enrolled in the Guardian Program are guaranteed immediate entry, we must be aware of the potential for a cat(s) arriving sooner than expected when that information is available to us. This information helps us in planning the number of new Feline Guardian Program enrollees, as well as any new cats we can rescue from the community from time to time.)*

YOUR CAT'S IDENTIFICATION

Cat's Name: _____ Age _____ Male Female

Is your cat spayed or neutered? Yes _____ No _____

Is your cat declawed? Yes _____ No _____ If Yes, specify: front _____ all paws _____

Breed _____ Color _____

How long have you owned this cat? _____

Where did you obtain your cat? Breeder Pet store Friend Stray
 Other _____ Shelter/Rescue group _____

Is your cat micro-chipped? Yes _____ No _____

If Yes, what is the ID # _____ Company _____

YOUR CAT'S HEALTH

Name of Veterinarian _____ Last visit _____

Is your cat current on its vaccinations? Yes _____ No _____

- If Yes, please include current vaccination certificates with biography form.
- If No, you must have this done prior to enrolling your cat in our program.

Has your cat ever been tested for Felv or FIV Yes _____ No _____

- If Yes, what were the results? Felv? _____ FIV? _____
- If No, you will need to have your cat tested prior to enrollment in the program.

Does your cat have any current, previous or recurring medical or behavioral problems? Yes____ No____ If yes, describe_____

What medication (including vitamins or supplements) is your cat currently taking?

YOUR CAT'S LIFESTYLE

Please list the predominant ages and gender of people your cat is used to living with_____

How does your cat react to strangers or visitors? Hides most of the time

Growls/Hisses Allows petting Ignores them Plays well

Gentle/affectionate Is interested, but distant Other_____

Please tell us what other animals your cat has lived with:

Male cat(s) un-neutered #_____ Male cats(s) neutered #_____

Female cat(s) un-spayed #_____ Female cat(s) spayed #_____

Dogs #_____ Other _____ Never lived with other animals

How does this cat react to other cats in your home or outside of your home?

Bullies Frightened Friendly/Playful Never around other cats Shy

Growls/hisses Curious Ignores Unknown

Other _____

Is your cat litter box trained? Yes _____ No _____ Goes outdoors _____

What brand of litter does your cat prefer? _____

Has your cat ever inappropriately eliminated or sprayed? Yes _____ No _____

If Yes, describe: On the floor On the wall On furniture On people

Other _____

Can you recall if there was any reason or situation that triggered this behavior?

Is there anything unusual about your cat's toilet habits that we should be aware of? _____

Where does the cat primarily reside?

- Inside only, with no protected outdoor area
- Inside only, without protected outdoor area
- Inside/Outside Outside only

What toys or games does your cat like to play? _____

How many hours a day is your cat left alone? More than 10 hours

- 8-10 hours 5-8 hours 0-4 hours Never left alone

Other _____

Do you regularly travel? Yes _____ No _____

If Yes, do you use a pet sitter? Yes _____ No _____

Name and number of sitter _____

Do you ever board your cat? Yes _____ No _____ If Yes,
where? _____

Do you have your cat professionally groomed or bathed? Yes _____ No _____

Where? _____

If you attend to your cat's grooming needs yourself, please describe any special
processes or products you have used _____

How would you describe your home environment?

- Very quiet with few to no visitors.
- Moderately social with regular visitors of small groups at a time.
- I have an active social life and entertain large groups frequently in my home.
- I have children or other animals visit my home on occasion.

What circumstances or situations should be avoided that may cause your cat to be stressed ? _____

Does your cat have a tendency to nip, scratch or bite? Yes____ No____

Explain situations that trigger this behavior _____

Has your cat ever bitten you or someone else? Yes____ No____ If Yes, please describe when and what happened? _____

What part(s) of your cats body does he/she not like touched? Feet/Legs

Back area Head/Face Tail area Chin/Neck Belly

Other _____

FEEDING INFORMATION

What brand and type of food have you been feeding your cat?

Wet/canned: _____

Dry: _____

At what times of the day do you feed your cat and the amount per meal?

Wet (canned) food:

When? _____ Amount per meal? _____

Dry food:

When? _____ Amount per meal? _____

What type and brand of treats does your cat enjoy? _____

FOR MULTI-CAT HOUSEHOLDS

If you are enrolling more than one cat in the Guardian Program, what is/are the name(s) of the other(s): _____

Is your cat part of a bonded pair you'd like to remain together? Yes ___ No ___

If Yes, what is the name of the other cat in the bonded pair? _____

Describe the relationship of your bonded kitties _____

Do your cat fight with another in your household? Yes_____ No_____

If Yes, please provide the name of your cat's nemesis and describe the relationship_____

Have you previously tried any behavior modification remedies or medications to try to resolve your cat's differences with the other cat? Yes_____ No_____

If Yes, what did you try, when did you last try it, and what were the results?_____

Do you keep these cats separate in your home now? Yes_____ No_____

If Yes, describe the living arrangements_____
