



## 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](mailto: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\_\_\_\_\_

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

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### YOUR CAT'S LIFESTYLE

Please list the predominant ages and gender of people your cat is used to living with\_\_\_\_\_

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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\_\_\_\_\_

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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? \_\_\_\_\_

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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 \_\_\_\_\_

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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 ? \_\_\_\_\_

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Does your cat have a tendency to nip, scratch or bite? Yes\_\_\_\_ No\_\_\_\_

Explain situations that trigger this behavior \_\_\_\_\_

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Has your cat ever bitten you or someone else? Yes\_\_\_\_ No\_\_\_\_ If Yes, please describe when and what happened? \_\_\_\_\_

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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 \_\_\_\_\_

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**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\_\_\_\_\_

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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?\_\_\_\_\_

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Do you keep these cats separate in your home now? Yes\_\_\_\_ No\_\_\_\_

If Yes, describe the living arrangements\_\_\_\_\_

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