



The Advocate for Animals
SINCE 1867

Date: _____

Guardian Surrender Future Care Program Pet Profile Form - Cat

The PSPCA's Guardian Surrender Future Care Program gives you peace of mind that your beloved pet will be cared for and loved. The PSPCA selects a new home based on the pet profile form you provide. Our professional adoption counselors will use your detailed pet profile form to match your pet with an adopter who is best suited to meet your pet's physical and psychological needs. Please take a moment to fill out the Pet Profile Form completely and as accurately as possible. By answering the following questions in detail, you'll assist us in placing your cat into an appropriately-matched home. Thank you.

Part 1: Description

Cat's Name: _____ Age: _____ Est. Birthdate: _____

Breed/s: _____ Color/Markings: _____

A# (if known): _____ Sex: _____ Neutered/Spayed? Yes No

Declawed? No Front Back Both How long has this cat lived with you? _____

Does this cat live Indoors Outdoors Both Where did you originally obtain this cat? _____

Have you tried re-homing with family/friends? Yes No

Explain: _____

Part 2: Personality

Cat's activity level: High Moderate Low

Please tell us how well your cat interacts with the following:

Other Cats: _____ Dogs: _____

Small Animals _____ Birds _____

Strangers _____ Children _____



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Part 2: Personality Continued

Does your cat use the litter box consistently? Yes No If no, please explain _____

What type of litter does your cat use? Clay/Non Clumping Clumping Pellet or newspaper

Has your cat ever bitten or scratched? Yes No If yes, please explain _____

Cat's favorite activity: _____

Does the cat have any behavior quirks that the next owner should know? Yes No

Explain: _____

What would you like a next owner to know about your cat? _____

Is there anything else you would like us to know about your cat?

Part 3: Medical Information

Has the cat been to a vet? Yes No If yes, when was the last time? _____

Has the cat ever had medical problems?: Yes No If yes, explain: _____

Current Vet: _____ Phone: _____

Address: _____

Can you provide us with health records?: Yes No Is the cat current on vaccinations?: Yes No Unsure

Is the cat currently on medication? Yes No Unsure If yes, what?: _____

Has the cat ever been given a sedative or placed on anti-anxiety or anti-depression medication?: Yes No Unsure

If yes, which one(s): _____



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Part 4: Dietary Information

Brand of food: _____ Canned: Yes No Dry? Yes No How many meals per day? _____

Is the cat on a special diet? Yes No If yes, what and why? _____
