

Guardian Angel Program

Cat Enrollment Form



Please fill out this form as completely as possible and be sure to submit one form per cat you are enrolling. The more details that you can provide about your kitty, the better. In the event that your cat does end up outliving you and comes to live with us, we want him/her to be as comfortable as possible during the transition. You are welcome to attach additional sheets if needed.

Cat Information					
Cat Name		Today's date	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>		Color and coat description
Age of Cat (if known)	How long have you had this cat?	Is this cat declawed? No <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Unknown <input type="checkbox"/>		Is this cat spayed or neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Does this cat have any known medical conditions (i.e. allergies, diabetes, etc.)? Please detail:					
Is this cat currently on medication or a prescription diet? If yes, please detail:					
Name, Address and Phone # for Veterinary Clinic:					

Personality and Other Details					
Is this cat comfortable being picked up? Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe what this cat does when a visitor comes to your home. Does the cat hide, come out for attention, or something else?			
Is this cat: Indoor Only <input type="checkbox"/> Outdoor Only <input type="checkbox"/> Indoor-Outdoor <input type="checkbox"/>		Has this cat lived with other: Cats <input type="checkbox"/> Dogs <input type="checkbox"/>		Does this cat get along with: Cats: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Dogs: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
Has this cat regularly been around children? Yes <input type="checkbox"/> No <input type="checkbox"/>		What are the ages of the children?		How does this cat act around children?	
What food does this cat regularly eat (please list brands)				Does this cat have a microchip? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does this cat occasionally swipe at you or bite you (such as "love bites")? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, are they aggressive bites or swipes, or a cause of concern? (please explain)			
Does this cat have any history of spraying or inappropriate urination? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, did you consult a veterinarian about the issue? Why do you think the cat has the issue?			
If cat uses litterbox, what type of litter does the cat's litter box have? Clay (Jonny Cat) <input type="checkbox"/> Clumping Clay <input type="checkbox"/> Crystals <input type="checkbox"/> Wood Chips or Pellets <input type="checkbox"/> Other (explain) <input type="checkbox"/>					
Pick the categories that you think best describe this cat: Outgoing <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Fun <input type="checkbox"/> Shy <input type="checkbox"/> Reserved <input type="checkbox"/> Great Family Cat <input type="checkbox"/> Lap Kitty <input type="checkbox"/> Independent <input type="checkbox"/> Calm <input type="checkbox"/> Silly <input type="checkbox"/> Sweet <input type="checkbox"/>					
Please describe in as much detail as possible this cat's personality, this cat's likes and dislikes, and other helpful information:					

Release		
Please review and initial the following statements:		
_____ I authorize my veterinarian to release all medical records relating to my cat at the time of my permanent incapacity or death to Purrfect Pals.		
_____ I am entrusting my cat to Purrfect Pals in the event of my incapacity or death and understand that legal ownership will pass to Purrfect Pals at that time.		
Print Name	Signature	Today's Date

