



Pet Guardianship Program Cat Enrollment Form

Thank you for taking the responsible step to enroll your beloved pet in Yavapai Humane Society's Pet Guardianship Program. Cats can't talk, so they can't tell us where or with whom they would like to live. To ensure that their home is a safe, happy & appropriate place for your cat to live, we need you to fill out this form in as much detail as possible. Detail & honest information from you is crucial to our placement process, so please take the time to fill in this profile with care & accuracy.

Undesirable behaviors & medical issues do not necessarily create problems, however, not disclosing those problems definitely does. Inaccurate or incomplete responses can undermine the safety & happiness of both your cat & the new adopting family. If there are any questions that are unclear or that you are uncomfortable responding to for any reason, please ask to speak directly to one of our helpful staff about the issue.

Your Name _____ Date _____
Address _____
City, ST, Zip _____ Phone _____
Email _____

General Information

Cat's Name: _____ Vaccinated within the past year? _____
Age: _____ Which veterinary facility? _____
Breed: _____ Sex: Male / Female Is your cat spayed/neutered? _____

Is your cat declawed? Yes ___ No ___ Not Sure ___ If Yes, Front Back Both

How long have you owned this cat? _____

1. Where did you obtain this cat?

- Yavapai Humane Society Other shelter Breeder Pet store
 Friend Found Rescue group Newspaper
 Other: _____

2. To your knowledge, how many homes has this cat had before living with you? _____

3. Please list the ages and sexes of the people this cat has lived with: _____



4. Would you recommend placing this cat in a home with children under 10 years of age?

Yes _____ No _____ Not sure _____

Why or why not? _____

If this cat lived with children under 10 years of age, how did they interact? *(Check all that apply):*

- | | | |
|--|--|--|
| <input type="checkbox"/> Actively avoided children | <input type="checkbox"/> Growled/Hissed at child | <input type="checkbox"/> Child could pet the cat |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Gentle/affectionate |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: _____ | |

5. Please tell us what other animals your cat has lived with *(check all that apply):*

- | | |
|--|---|
| <input type="checkbox"/> Male cat(s) un-neutered # _____ | <input type="checkbox"/> Female cat(s) un-spayed # _____ |
| <input type="checkbox"/> Male cats(s) neutered # _____ | <input type="checkbox"/> Female cat(s) spayed # _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Never lived with other animals <input type="checkbox"/> Dogs # _____ |

6. How does this cat behave with other cats in your home or outside of your home?

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Bullies | <input type="checkbox"/> Frightened | <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Never around other cats |
| <input type="checkbox"/> Growls/hisses | <input type="checkbox"/> Shy | <input type="checkbox"/> Curious | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ignores | <input type="checkbox"/> Other: _____ | | |

Would you recommend placing this cat in a home with other cats?

Yes _____ No _____ Not sure _____ Why or why not? _____

7. How does this cat interact with dogs? *(check all that apply):*

- | | | | |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Chases | <input type="checkbox"/> Curious | <input type="checkbox"/> Friendly | <input type="checkbox"/> Never around dogs |
| <input type="checkbox"/> Growls/Hisses | <input type="checkbox"/> Ignores | <input type="checkbox"/> Gentle | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Frightened | <input type="checkbox"/> Other: _____ | | |

Would you recommend placing this cat in a home with dogs?

Yes _____ No _____ Not sure _____ Why or why not? _____

8. Is your cat litter box trained? Yes _____ No _____ Not sure _____

What brand of litter does your cat prefer? _____

Has the cat ever inappropriately eliminated? Yes _____ No _____ Not Sure _____

If Yes, On the floor On the wall (spray) On furniture Other _____

9. Where does the cat reside? Inside only Inside/Outside Outside only
 Barn cat

10. What toys does he/she like to play with? _____



11. 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: _____

12. Are there any particular people or things that your cat appears to be afraid of? (*check all that apply*):

- Men Dogs Cars/Truck Strangers Loud noises
 Children Women Cats Water Thunderstorms
 Vacuums/Brooms People in uniform Other: _____

What does your cat do that leads you to believe he/she is afraid? _____

13. What circumstances or situations should be avoided that may cause your cat to growl/hiss or behave otherwise aggressively? _____

14. Has your cat ever (*check all that apply*):

- Bitten Hissed Growled Scratched Other: _____

What made them behave this way? (*check all that apply*):

- Food Rough play Toys Strangers Children Adults
 Other animals Other: _____

15. Does your cat have any current, previous or recurring medical or behavioral problems? (*please describe in detail*): _____

What medication is your cat currently taking? _____

16. What part of your cats body does he/she not like touched? (*check all that apply*):

- Feet Back Legs Head Tail Mouth
 Belly Other: _____

How does he/she respond? (*check all that apply*):

- Snaps Growls Lunges Urinates/Defecates
 Struggles/attempts to escape Cowers Other: _____

17. What is the name of your veterinarian/veterinary clinic? _____

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



Pet Guardianship Program Cat Enrollment Form

I certify I have the authority to enroll the above described animal in the Pet Guardianship Program. Upon my death or incapacitation, I hereby relinquish all rights of ownership, in the above-described animal(s) in favor of Yavapai Humane Society, and I agree that the animal(s) may be placed up for adoption, transferred to another animal welfare organization or humanely euthanized at the sole discretion of Yavapai Humane Society.

I authorize the transfer of my animal's information (as listed above) to a new owner when this animal is placed up for adoption. The information on this form is to the best of my knowledge, accurate & complete.

I understand that every effort will be made to place the animal in a foster home while it awaits adoption, but it may be housed temporarily in the YHS Adoption Center.

I understand that YHS will attempt to place my animals in the same home but also understand the most important thing is to have them in a loving home, even if it means they are separated.

Signature _____ Date _____



**Yavapai
Humane
Society**
40 Years of Saving Lives

Pet Guardianship Program Cat Enrollment Form

MEDICAL RECORDS RELEASE AUTHORIZATION

Pet owner's name: _____ Phone: _____

Address: _____

Animal name: _____ Breed: _____

Sex: _____ Age: _____ Color: _____

I have released my animal to Yavapai Humane Society.

I authorize _____

(name of veterinary practice or veterinarian)

City: _____ state: _____

To release all medical records to the staff of Yavapai Humane Society, and to the new owner's veterinarian.

Owner's signature: _____ date: _____

Yavapai Humane Society use only:

New owner: _____ phone: _____

Address: _____

Send records to: _____
(veterinary practice)

Fax: _____ phone: _____

Yavapai Humane Society (928) 445-2666