



CAT BIOGRAPHY FORM

PLEASE COMPLETE ONE FORM FOR EACH CAT BEING ENROLLED IN BEAUREGARD'S PROGRAM.

Name: _____

Address: _____

City, State, ZIP: _____

Cell phone number: _____ Home phone number: _____

Email address: _____

Cat's name: _____ Cat's age: _____ Gender of cat: Male Female

Microchip brand and number (if applicable): _____

Was your cat adopted from the Richmond SPCA? Yes No

If YES,

If NO,

What was the date of adoption? _____ Is your pet spayed or neutered? Yes No

Cat's name at time of adoption: _____ How long has this cat been in your care? _____

Where did you get your pet? _____

When was your cat last at a veterinarian? _____

Does your cat have any medical conditions or health problems? _____

Has your cat had any previous owners before you? Yes No How many? _____

Is your cat litterbox trained? Yes No Litter Type: Scoopable Non-Scoopable Other: _____

Does he/she occasionally make "mistakes?" Yes No If yes, when? _____

On what surfaces? (ex. bed, clothing, bare floor) _____

Does your cat use a scratching post? If so, what kind? _____



Is your cat declawed? Yes No If yes: Front only Front and back

Is he/she kept inside, outside or both? _____

Does your cat like to be picked up? Yes No Don't know Sometimes

If no or sometimes, please explain: _____

How does your cat respond to visitors/strangers? _____

Is he/she good with children? Yes No Don't know What ages? _____

What other animals live in the house? _____

Is he/she good with dogs? Yes No Don't know

Is he/she good with cats? Yes No Don't know

If no, please describe: _____

Please describe your cat's personality: _____

Please list any major or minor behavior problems your cat exhibits (ex. spraying, destructive scratching, etc.):

Does your cat like to play? Yes No If yes, does he/she have a toy preference?

Owner signature: _____ Date: _____

To enroll your pet in Beauregard's Program, please enclose this form along with the following:

- Your pet's veterinary records and medical history
- A copy of the section of your will that states that your pet(s) are to come to the Richmond SPCA to be cared for and placed in a new home should they survive you
- The name and contact information of the person designated to care for your pet(s) immediately following your passing should your pet(s) survive you and who will be responsible for bringing your pet(s) to the Richmond SPCA. Please note that we will need this person to call ahead to 804-521-1321 to assure that we reserve space in our center for the care of your pet(s).

Return completed forms and attachments to Carol Anne Baker Lajoie:

Email: clajoie@richmondspca.org

Mail: ATTN: Carol Anne Baker Lajoie, Richmond SPCA
2519 Hermitage Road
Richmond, VA 23220

Forms may also be sent via fax to 804-521-0540 or hand delivered to our front desk. Please be sure to clearly indicate that the document is for Carol Anne Baker Lajoie to ensure that it is received.

