

# Care and Responsibility

CATS NAME :

Microchip # \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

Identifying Information (coat & eye color): \_\_\_\_\_

Breeder Information : ( Name , Cattery and Contact Info )

Registration Information : \_\_\_\_\_

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Veterinarian / Animal Hospital Name : \_\_\_\_\_

Phone # \_\_\_\_\_

Address : \_\_\_\_\_

Known Health Issues : \_\_\_\_\_

*In my absence or incapacitation, I authorize the individual below to act as guardian of the cat listed above and seek whatever medical care is necessary to preserve the life and dignity of my beloved companion.*

Signed : \_\_\_\_\_

Owner

Date

*I accept responsibility as guardian of the animal listed above:*

Signed : \_\_\_\_\_

Guardian

Date

Signed : \_\_\_\_\_

Guardian

Date

Guardian Contact Information:

Address:

Phone #

E-mail :

Guardian Contact Information:

Address:

Phone #

E-mail :

