

# Cat Owner Surrender Form

Staff:

Date:

Please consider making a tax deductible donation now to help us care for your pet during his/her stay with us. This donation will go to cover food, shelter, medical and other expenses.

We are dedicated to finding the best possible home for your animal. To do this effectively, we rely on you to provide us with accurate information. Please answer the following questions to the best of your ability.

Name:

Veterinarian:

Phone:

## CAT

Pet's Name

Breed

Age

Sex

S/N

What kind of ID does your cat have?

Tattoo

Microchip

None

## MEDICAL:

Are your cat's vaccinations up to date?

Yes  No

Does your cat have any medical conditions?

Yes  No

If yes, explain

Is your cat currently given any medications?

Yes  No

If yes, what medications?

Has the cat been diagnosed with and/or treated for any of the following: (Check all that apply)

Upper respiratory infection

Allergies

Heart murmur

Tumors

Epilepsy or seizures

Organ failure

Urinary tract infection

Thyroid disease

Diabetes

Other

## HOME

If this cat has lived with other cats, how did they interact? (Check all that apply)

Slept near each other

Played together

Sniffed noses

Groomed each other

Ignored each other

Rough with each other

Fight with injuries

Fight without injuries

Caused the cat stress

Peacefully co-existed

Urine/Marking

If this cat has lived with dogs, how did they interact? (Check all that apply)

Slept near each other

Played together

Sniffed noses

Groomed each other

Ignored each other

Cat feared dog

Fight with injuries

Fight without injuries

Caused the cat stress

Peacefully co-existed

Urine/Marking

Cat tormented dog

Has the cat regularly been around children?

0-2 years

3-5 years

6-10 years

11-18 years

No

Unsure

How did the cat interact with children?

Cat avoided child

Child could pet cat

Ignored each other

Played together

Cat hissed or growled at child

## HISTORY

Are you this cat's first owner?  Yes  No How long have you owned? \_\_\_\_\_

Is the cat declawed:  Front  All  Not declawed

If declawed, when was it done  As a kitten  As an adult

How did you obtain this pet?  Pet store  Breeder  Newspaper/Internet  Family/Friend  Rescue group

Shelter  Stray  Other \_\_\_\_\_

If Rescue group or Shelter, which one? \_\_\_\_\_

Has the cat ever been used for breeding?  Yes  No  Unknown

Is the cat:  Indoor only  Indoor/Outdoor  Outdoor only

Would this cat be a good mouser?  Yes  No  Unknown

## PERSONALITY

How would you describe your cat most of the time? (Check all that apply)

- Friendly to family     Very Active     A Clown     Couch potato  
 Friendly to visitors     Playful     Aloof     Withdrawn  
 Shy to family     Talkative     Affectionate     Independent  
 Shy to Visitors     Quiet     Lap cat     Fearful

How does your cat like to play? (Check all that apply)

- Plays gently, without teeth or claws     Likes to play rough, may bite or scratch  
 Likes to chase or pounce with toys     Likes things that crackle, such as paper bags  
 Likes to play hide and seek     Chases bugs or moths  
 Likes to play in or around water     Likes to learn tricks for treats  
 Likes to play with dogs     Not interested in play

## DIET

What brand of food is the cat currently eating? \_\_\_\_\_  Canned food     Dry food     Both

What type of treats does your cat enjoy?

How often is your cat fed?  Food always available     Designated mealtimes

## LITTER BOX HABITS

Does your cat always use the litter box?  Yes     No     Partially

How many litter boxes:

Is the litter box:  Covered     Uncovered

What type of litter is used:  Unscented     Crystals     Scented     Clumping     Non-clumping

Clay     Pine     Yesterday's News     Other

How often is the litter box scooped:  Every day     Every few days     Weekly     Other

Where are the litter boxes in the house:

## SURRENDER

If Surrendering for Litter Box Issues: Please describe the accidents:  Urinates outside the box     Urinated on clothing/furniture

Defecates outside the box     Sprays on walls     All of the above

When did the litter box accidents begin:  Past month     Past Year     Ongoing

Has your cat been to the veterinarian to rule out an underlying health issue:  Yes     No

Can you pinpoint an event(s) that might influence or trigger inappropriate litter box use?

Please describe measures you have taken to correct this problem?  New Litter     New Box size     Remove Hood

Other

Has the cat ever bitten a person?  Yes     No     Unknown

If yes, was medical attention required?  Yes     No

Was animal control involved?  Yes     No

Details:

## **Behavior**

\*If you are having a behavior problem with your pet, would you consider keeping them if we could help you with training or any other inconvenience you feel your pet is causing in your home right now? If this is something you would be interested in please ask to speak to our behavior team and we will be happy to provide you with other options before you relinquish your pet.

Does the cat have any bad or unusual habits? \_\_\_\_\_

Have there ever been any behavior concerns?  Yes     No (If yes please list)

Tell us what you truly love and enjoy about this cat: