

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.

What is the reason for surrendering? _____

Cat's Information

1. Name: _____
2. Breed: _____
3. Age: _____
4. Male/Female (circle one)
5. Spayed/Neutered (circle one)
6. Are you this cat's first owner? Yes No How long have you owned? _____
7. How did you obtain this pet? Pet store Breeder Newspaper/Internet Family/Friend
 Rescue group Shelter Stray Other _____
 - a. If Rescue group or Shelter, which one? _____
8. Has the cat ever been used for breeding? Yes No Unknown
9. Is the cat: Indoor only Indoor/Outdoor Outdoor only
10. Has the cat ever been a victim of abuse? Yes No Unknown
11. Has the cat ever bitten a person? Yes No Unknown
 - a. If yes, was medical attention required? Yes No
 - b. Was animal control involved? Yes No
 - c. Details:

Home Environment

1. Number of people in your household: _____
2. Are there children in the home? If so, please list their ages: _____
3. What brand of food is the cat currently eating? _____ Canned food Dry food Both

4. I would describe my cat as: A good family cat For adults only One person cat
5. My cat currently lives with: Other cats Dogs Other _____
- a. Does your cat get along well with these animals? _____
6. Does your cat always use the litter box? Yes No Partially
- a. If no or partially, were there any changes to the home that may have caused the cat stress?
(New pets, newborn, recent move, relocated litter box, new litter, etc.)

- b. How long has the cat not been using the litter box? _____
- c. What methods (if any) have you tried in order to retrain your cat to use the litter box?
- New litter New litter box Remove hood More frequent cleaning habits
 Cat attract Pheromones Vet visit Nothing
- d. Based on steps taken, did the cat start using the litter box again? Yes No Partially
7. I would describe my cat as: (check all that apply)
- Friendly Protective Affectionate Quiet Fearful Hyper/Active Plays rough Clingy/Needy
8. Does the cat have any bad or unusual habits? _____

Medical History

1. Which Veterinarian(s) has your cat been to? _____
2. When was the cats' last veterinary appointment? _____
3. Is the cat currently prescribed any medications? Yes No
- List: _____
4. Has the cat had any of the following medical conditions in the past or currently? (check all that apply)
- Allergies, specify _____
- Arthritis Blindness/Cataracts/Glaucoma Cancer, specify _____ Conjunctivitis
- Deafness Diabetes Ear infections Ear mites FIV FeLV Heart Murmur Herpes Virus
- Hyperthyroidism Kidney Disease/Failure Luxations (dislocating joints), specify _____
- Mange/Mites Periodontal Disease Tumors, specify _____ Upper Respiratory
- Urinary Crystals/Stones Urinary Tract Infection Worms, specify _____

Additional Comments:
