



Cat Surrender Form

Date _____ Animal # _____

Microchip # _____ Weight _____

Cat's name: _____

Cat's age: _____ Weeks / Months / Years

Breed: _____

Declawed Yes No

My cat is: Male Female Neutered / Spayed

How long have you had your cat: _____

History

Has your cat ever bitten anyone? (Human/animal) Yes No Within the last 10 days? Yes No

Do the bites draw blood? Yes No

If yes to any of the above, please explain: _____

Why are you giving up your cat?

How did you acquire your cat?

- Friend/Relative Newspaper/Internet Ad Shelter/Rescue Pet Store
- Born at home Found as stray Breeder Other _____

Has your cat been to the veterinarian within the last year? Yes No

If yes, what veterinary clinic was your cat seen at? _____

Are your cat's vaccinations current? Yes No

Does your cat have any health problems? (Include allergies, previous surgeries, current medications, etc.)

Yes No If yes please explain: _____

Home Life

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

- Affectionate Playful Lap loving Friendly with visitors
- Shy with visitors Shy with family Independent Very active Not very active
- Vocal Curious Mellow Social

Has your cat lived with any of the following? (Mark all that apply)

- Cats, how many? _____ Large dogs, how many? _____ Small dogs, how many? _____
- Children, ages: <5 years 6-12 years 13-17 years Livestock Small mammals

What does your cat play with?

- Cat toys Strings Feathers Balls
- Bugs, birds, mice etc. Other: _____

What is your cat's favorite activity? _____

What type of food does your cat eat? _____

How often is your cat fed? Free fed 1x daily 2x daily

Does your cat have any favorite treats? _____

Is your cat primarily kept: Indoor Outdoor Both/has access

When your cat is inside, what areas does the cat have access to?

- Whole house Bedrooms Kitchen Living Room
 Garage/basement Other: _____

What do you enjoy most about your cat? _____

How would you describe the ideal home for your cat? _____

Litter Box

Number of cats in your home: _____ Number of litter boxes in your home: _____

What type of litter box do you use?

- Uncovered Covered Electronic litter box Other: _____

What type of litter do you use?

- Clay scoop-able Crystals or pearls Sand
 Newspaper Scented Unscented Other: _____

The litter box is:

- Scooped:* Daily Weekly Monthly When it smells bad When cat stops using it
Dumped: Daily Weekly Monthly When the cat stops using it Never
Cleaned: Daily Weekly Monthly When the cat stops using it Never

What do you use to clean the litter box (bleach, pine sol, etc.)? _____

Where is the litter box located? (mark all that apply)

- First floor Second floor Basement/Garage Bedroom Living room
 Kitchen Bathroom Laundry room Near a wall In a corner
 Under furniture Behind furniture Out in the open In a closet Other: _____

Has your cat ever had an accident outside the litter box? No Yes: Urine Feces Both

If yes, please answer the following:

Where does your cat have accidents?

- Next to the box On carpet or rug On clothes / towels / bedding
 In bathtub / shower Near a door / window Spraying on vertical surface
 On tile / wood / concrete On furniture Other: _____

How often were these accidents?

- Daily
- A few times per week
- Every couple of weeks
- A few times per year

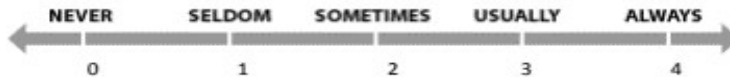
Has your cat seen a veterinarian for this problem? Yes No

Was the problem resolved?

- Yes, no more accidents
- Only occasional relapse
- No, ongoing problem

Behavior

Please use the following rating scale to indicate your cat’s behavior in the situations below. Only use “not observed/not applicable” if you have never seen your cat in the situation described.



How often does your cat exhibit any of the following behaviors when interacting with people?

Comfortable and relaxed among people in social gatherings	
Comfortable being petted by unfamiliar (non-household) adults	
Greets unfamiliar adults in a friendly manner (sniffs, rubs, purrs)	
Greets unfamiliar children in a friendly manner (sniffs, rubs, purrs)	
Growls/hisses when an unfamiliar person tries to touch or pet him/her	
Scratches/bites or attempts to bite (in a non-playful manner) when petted on belly	
Growls, hisses, scratches or bites when stroked on back	
Lashes out (scratches, bites) unexpectedly when petted	
Chases, grabs onto, or attacks people’s legs or feet in movement (in a non-playful manner)	
Growls, hisses, scratches, or bites when given medication by a familiar person	
Growls, hisses, scratches, or bites when being groomed	
Growls, hisses, scratches or bites when nails are clipped	

Are there any situations in which your cat exhibits aggressive behavior? If so, please describe:

Are there any situations in which your cat exhibits fearful behavior? If so, please describe:

How often does your cat exhibit the following behaviors:



Brings prey animals (rodents, birds, reptiles, etc) into the home	
Chases prey animals (rodents, birds, reptiles, etc)	
Shows excessive and intensive grooming	
Shows agitation, restlessness, or vocalization when affection is shown by household members to another person or animal	
Appears uncomfortable when picked up/held in arms	
Growls/hisses when approached by a familiar cat while eating	
Growls/hisses when stared at, growled at, or hissed at by a familiar cat	
Growls/hisses at familiar dogs	
Attacks (scratches/bites/attempts to bite) familiar dogs	
Attacks (scratches/bites/attempts to bite) when unfamiliar dogs visits its home/yard	
Growls, hisses, scratches, or bites when examined by a vet	
Runs/hides in response to sudden or loud noises	
Escapes or attempts to escape from home, given opportunity	
Scratches on inappropriate objects or surfaces indoors	
Chews or damages inappropriate objects	