Cat Surrender Form

Date_____

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 is your cat's favorite activity? _____

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 accdients?

☐ 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 indicate Yes or NO if your cat has exhibited any of the following behavior. Only use "not observed/not applicable" if you have never seen your cat in the situation described.

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	
Scratches/bites or attempts to bite (in a non-playful manner) when petted on belly	
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 or nails 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:

Does your cat exhibit any of the following behavior? Yes or No?

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	

May we contact you for further information if it is needed? ☐ Yes ☐ No