

Feline Surrender Form

Your cat is unable to tell us what we need to know to place him/her in the best home possible. We need you to help him/her by giving detailed and honest answers.

There will be a fee for us to take the cat(s)/litter into our program if approved.

Please talk with staff before filling out the questionnaire if you have concerns about this.

(Price to be determined)

Has your cat bitten anyone in the last ten days? Yes No

If yes, did the bite break skin? Yes No

Has your cat ever bitten anyone? Yes No What were the circumstances? _____

If YES to either of the above questions, please inform staff immediately.

General Information

Cat's Name _____ Age _____ Weight _____

How long have you had this cat? _____

Where did you obtain this cat? _____

Does your cat have a microchip or tattoo? Yes No Location of tattoo: _____

Is your cat: Female Male Is the cat spayed or neutered? Yes No

Is the cat declawed? Front All Not declawed

Why are you surrendering your cat? (Circle all that apply)

Behavioral problems Time commitment Family/housing issues Health issues (yours or cat's)

Other _____

Please explain in your own words why you are surrendering your cat: _____

If we could help you resolve this issue would you be interested in keeping the cat? _____

Your Cat's Health

When was the last time your cat was taken to a Veterinarian? 3 mos. 6 mos. Last Year Other _____

Current Veterinarian _____ Clinic _____

Phone # _____

City _____ State _____ Cared for Since _____

How does your cat react to going to the vet? _____

Has your cat been vaccinated in the last year? Yes No Date of last vaccination _____

Are you aware of any other health issues your cat has? Yes No If yes, please explain: _____

***Please attach all medical records to this questionnaire.**

Your Cat's Personality and Behaviors

Describe your cat's temperament & activity level (check all that apply):

- Zippy, High Energy, Kitten Like Mellow & Easy Going A Lap Cat Very Affectionate Responsive
 Independent Talkative Quiet Destructive Other

Does your cat like to be held or carried? Yes No If no, please explain: _____

Does your cat use a scratching post? Did not provide Yes No If yes, what type? _____

Does your cat enjoy playing with toys? Yes No If yes, what type? _____

Can you pet your cat while he/she's playing? Yes No If no, please explain: _____

Litter Box Habits

Does your cat have access to a litter box in the house? Yes No If no, please explain: _____

Is the litter box: Covered Uncovered

Where is the litter box located in the house? _____

What type(s) of litter was used?

- Unscented Scented Clumping Non-Clumping Crystals Clay Pine Newspaper
 Other _____

How often was the litter box scooped? Every day Every few days Weekly Rarely

If other cats, how many shared a litter box? One Two or more Many cats shared one

- Multiple boxes for multiple cats Other

Are litter box accidents an issue? Yes No If yes, when did they begin? _____

Please describe the accidents:

- Urinates outside the box Defecates outside the box Corner of room Laundry basket
 Sprays on walls/furniture Bed Couch Rug Other _____

How have you dealt with the accidents? Confinement Kept outside Punishment Vet visit

Other _____

Has your cat been to the veterinarian to rule out infection or underlying health issues? Yes No

If yes, what was the diagnosis? _____

When was the visit? _____

Experience with other animals

Has your cat lived with other cats? Yes No If yes, how did they interact? (check all that apply)

Adored each other Played together Slept together Ignored each other Rough with each other

Fought with injuries – who injured who? _____

Fought without injuries Gentle with each other Peacefully coexisted

Other _____

Has your cat lived with dogs? Yes No If yes, how did they interact? (check all that apply)

Adored each other Played together Slept together Ignored each other Cat feared dog

Fought with injuries – who injured who? _____

Fought without injuries Peacefully coexisted Dog chased cat Cat tormented dog

Other _____

Do you have other pets in your household? No Yes

If yes, what kind? Rabbits Bird Other _____

How do they get along? _____

Your Cat's Experiences With Children

Has your cat regularly been around children? Yes No

If not, do children visit regularly? Yes No If yes, how do they react to children visiting?

Cat actively avoided child Child could pet cat Mutual adoration Ignored each other

Cat & child played together Cat hissed or growled at child Other _____

If yes, indicate what ages: 0-2 years 3-5 years 6-10 years 11-18 years

If your cat lived with children under the age of 5, how did they interact? (check all that apply)

Cat actively avoided child Child could pet cat Mutual adoration Ignored each other

Cat & child played together Cat hissed or growled at child Other _____

If your cat lived with children over the age of 5, how did they interact? (check all that apply)

Cat actively avoided child Child could pet cat Mutual adoration Ignored each other

Cat & child played together Cat hissed or growled at child Other _____

Would you recommend this cat be placed with children? Yes No If yes, what ages? _____

How would you describe your household? Quiet Active Average Noisy

What ages of people is your cat used to living with? Adult Men Adult Women Seniors Children

What areas of your home does your cat have access to? (check all that apply)

Indoors only Outdoors only Indoors at night Garage or basement Indoors in cold weather

In barn or shed Screened porch Outdoors in warm weather Indoors w/ access to outside

Other _____

Where does your cat spend most of his/her time when you are home? (check all that apply)

- Indoors unconfined Outdoors Bedroom Kitchen Living room Garage or basement
 At the window Barn or shed Where people are Other _____

How does your cat react to being left alone? Doesn't Mind Cries/Meows Scratches Furniture House soils

- Knocks things down Other _____

Do you trust your cat unsupervised indoors? Yes No If no, please explain: _____

How does this cat react to visitors? Very social Hides Ignores them Attacks Other _____

Does your cat do any of the following? (check all that apply)

- Jump on counters Scratch furniture Chew plants Scratches doors/cabinets
 Chew personal items Climb curtains Other (please explain) _____

Is there anything else we should know about this cat? _____

I authorize the transfer of my animal's information (as listed above) to a new owner in the event that this animal is placed up for adoption. The information on this form is filled out to the best of my knowledge, accurate and complete.

Print name: _____

Phone number: _____

Email: _____

Signature: _____

Date: _____

Name on account if you're a client here: _____

*** While waiting for space in our program, please look into other rescues for your cat. We go in order of approved surrender forms and do not know how long it will take until our next intake as it all depends on how many adoptions take place. If you see empty cages up front, it does not mean we have space, we are caring for many adoptees in the treatment room as well. ***

Office use only

Approved

Declined

Reason: _____

Willing to treat medically first

Plan: _____
