

## Owner Surrender Cat Profile

**Please answer these questions accurately, truthfully, and with the greatest detail possible. This will help us better place the animal.**

Has this animal bitten any person or animal in the last ten days?  Yes  No

If yes, was this reported to law enforcement, animal control, or the health department?  Yes  No

If yes, what jurisdiction was the report made? \_\_\_\_\_

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Pet Information

Cat Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Female  Spayed Female  Male  Neutered Male

Has your cat ever bitten any person or animal?  Yes  No If yes, did it break skin?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you had this cat? \_\_\_\_\_ Where did you get this cat? \_\_\_\_\_

If you rescued/adopted, what was the name of the facility? \_\_\_\_\_

Have you tried rehoming this cat?  Yes  No

Why are you surrendering your cat today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If we could help you resolve this issue, would you be interested in keeping this cat? \_\_\_\_\_

## Lifestyle

What family members did this cat live with? (Check all that apply):

Adult men       Adult women       Senior citizens       Children (ages): \_\_\_\_\_

How does this cat behave around family members? \_\_\_\_\_

Describe this cat's behavior around children: \_\_\_\_\_

Would you recommend placing this cat in a home with children?  Yes  No

How does this cat behave around strangers? \_\_\_\_\_

What areas of the home did this cat have access to? (Check all that apply):

Indoor only       Outdoor only       Indoor/Outdoor       Indoor w/ access outside

Garage or basement       Barn/shed

Where does this cat spend its time? (Check all that apply)

Stays by my side/sits on my lap       Where people are       Keeps to itself       Bedroom

Kitchen       Living room       Lays in the sun       Other: \_\_\_\_\_

Where does this cat sleep? (Check all that apply):

In bed with people       Outside of bedroom       Other: \_\_\_\_\_

How many hours a day is this cat home alone? \_\_\_\_\_

What other animals has this cat lived with? (Check all that apply):

Male cats       Female cats       Male dogs       Female dogs       Small mammals       Other: \_\_\_\_\_

Describe your cat's behavior around other animals: \_\_\_\_\_

Would you recommend placing this cat in a home with other cats/animals?  Yes  No

## Behavior & Personality

***Litter Box History: Please help us by giving as much detailed, accurate information as you can.***

Is your litter box:  Covered       Uncovered      Where is it located? \_\_\_\_\_

How many litter boxes do you have? \_\_\_\_\_

What type of litter do you use?  Clay clumping       Clay non-clumping       Paper       Pine

Walnut based       Corn based       Wheat based       Scented       Unscented

Other: \_\_\_\_\_

How often do you clean your litter box?  Once daily       2-3x daily       Once weekly       Every other week

Other: \_\_\_\_\_

Does this cat have accidents in the house?  Yes  No      If yes, please explain:  Inappropriate urination

Inappropriate defecation       Urinating on clothes/furniture       Spraying walls/furniture

If you have other cats, how many share a litter box?  One  Two-four  Share one litter box  
 Share many litter boxes

If you have had litter box issues arise:

When did they begin? \_\_\_\_\_

Has a veterinarian ruled out medical causes of inappropriate urination and/or defecation?

Yes  No

List any events that may have triggered litter box issues (moving, new baby, new pet, etc): \_\_\_\_\_

\_\_\_\_\_

List any measures you have taken to try and correct these issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your cat declawed?  Yes  No If yes:  Front declaw  All four

At what age was this cat declawed? \_\_\_\_\_

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

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Shy to family | <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> More like a dog |
| <input type="checkbox"/> Shy to visitors    | <input type="checkbox"/> Affectionate  | <input type="checkbox"/> Lap cat              | <input type="checkbox"/> Independent     |
| <input type="checkbox"/> Talkative          | <input type="checkbox"/> Playful       | <input type="checkbox"/> Couch potato         | <input type="checkbox"/> Quiet           |
| <input type="checkbox"/> Aloof              | <input type="checkbox"/> Solitary      |   |  |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Plays gently, does not generally use teeth or claws | <input type="checkbox"/> Likes to play rough, may bite or scratch     |
| <input type="checkbox"/> Likes to chase and pounce                           | <input type="checkbox"/> Likes things that crackle such as paper bags |
| <input type="checkbox"/> Likes to play with other cats                       | <input type="checkbox"/> Likes to play with dogs                      |
| <input type="checkbox"/> Likes to play hide and seek                         | <input type="checkbox"/> Likes to play in the water                   |
| <input type="checkbox"/> Likes to learn tricks for treats                    | <input type="checkbox"/> Not interested in playing                    |
| <input type="checkbox"/> Other: _____  |   |

Does your cat hunt?  Yes  No If yes, what does it hunt? \_\_\_\_\_

Does your cat like to be picked up?  Yes  No

If no, how does your cat react to being picked up? \_\_\_\_\_

## Medical History

Does this cat have any known medical issues?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this cat up-to-date on vaccines?  Yes  No

Is this cat on any medications or have special dietary needs?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is this cat's regular veterinarian? \_\_\_\_\_

**Please be aware that if you have not brought medical records today, we will call to request records for proof of vaccination and any pertinent medical history, if applicable.**

*By signing the line below, I certify that I am the legal owner of the animal represented in this questionnaire, and that all information provided is accurate and truthful.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_