



Cat Surrender Profile

Cat's Name _____

Breed/Breed Mix _____ Color _____ Age _____ De-clawed? Yes _____ No _____

Sex (circle): Male Female Is your cat spayed or neutered? _____ When? _____

Where did you acquire your cat? _____

How old was he/she when you acquired him/her? _____

How long has your cat lived with you? _____

Do you have a veterinarian? Yes _____ No _____ If so, who is your veterinarian? _____

How does your cat behave at the veterinarian? _____

Has your cat been tested for FIV/FeLV within the past 6 months? Yes _____ Result _____ No _____ Unsure _____

How does your cat react to being placed inside a cat carrier? _____

How does your cat react to being in the car? _____

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

- Allergy (yours/theirs) Behavioral Issues Cannot Afford Cat Aggressive Doesn't Like Adults Doesn't Like Kids Dog Aggressive
- Escapes Existing Pet Doesn't Like Medical Care Generally Aggressive House Training Issues Landlord Lost Our Home
- Military Transfer Moving Pet Responsibility/Time Commitment Unrealistic Expectations Other

Please explain why you need to relinquish your cat in your own words: _____

If we were able to provide you with a solution for the issue that is causing you to surrender your cat (free food, low cost veterinary care, training, or behavioral help), would you consider keeping your cat? Yes _____ No _____

Check all that apply to describe your cat's personality:

- Friendly _____ Shy _____ Independent _____ Fearful _____ Playful _____ Affectionate _____ Aloof _____ Aggressive _____ Vocal _____

Describe your cat's personality in your own words: _____

Does your cat like to spend time with the family? Yes _____ Or is he/she more of a loner? _____

Is your cat slow to acclimate to new things (i.e. visitors, noises, new pets, etc.)? Yes _____ No _____

If yes, how does he/she act? _____

Where does your cat spend most of his/her time? Inside _____ Outside _____

Where does your cat like to spend time when inside? _____

If your cat goes outside, does he/she: Stay close to the house? _____ Wander off? _____ Fight with other cats? _____

Does your cat like to sit on your lap? Yes _____ No _____

Does your cat like to be petted? Yes _____ No _____

What does he/she do when he/she has had enough petting? _____

Does your cat like being picked up? Yes _____ No _____

What does he/she do if he/she is picked up when not in the mood? _____

Is your cat afraid of, or uncomfortable with: Women _____ Men _____ Children _____ Infants _____ None _____

What does he/she do when uncomfortable? Run Away _____ Hiss _____ Swat At _____ Scratch _____ Bite _____

Does your cat show aggression towards: Family Members _____ Visitors _____

If yes, what does he/she do? Hiss _____ Swat At _____ Scratch _____ Bite _____

What do you do if your cat becomes aggressive? _____

Does your cat scratch on your furniture or carpet? Yes _____ No _____

Do you have a scratching post for your cat? Yes _____ No _____ Does your cat use the scratching post? Yes _____ No _____

If so, which kind does he/she prefer? Vertical _____ Horizontal _____ Cardboard _____ Carpeting _____ Rope _____ Wood _____

What other animals has your cat lived with? Dogs _____ Cats _____ Other _____

How did your cat interact with the other cat/s? Playful _____ Tolerant _____ Avoidance _____ Aggressive _____ Fearful _____

How did your cat interact with the dog/s? Playful _____ Tolerant _____ Avoidance _____ Aggressive _____ Fearful _____

What type of litter box do you use? Uncovered _____ Covered _____ Other _____

How many boxes did you have? _____ Where were they located? _____

What type of litter do you use? Clay _____ Clumping _____ Shavings _____ Wood Pellets _____ Other _____

Does your cat ever eliminate outside the litter box? Yes _____ No _____ If yes: Urinate _____ Defecate _____ Both _____

How frequently? Daily _____ Weekly _____ Once in a while _____

Where does he/she eliminate if not in the box? _____

How long has your cat been inappropriately eliminating outside the litter box? _____

If urinating outside the box, is he/she spraying (urine found on vertical surfaces)? Yes _____ No _____ Unsure _____

Have you ever taken your cat to the vet for inappropriate elimination? Yes _____ No _____

If so, did they find a medical reason for the issue? Yes _____ No _____ If yes, did treatment resolve the issue? Yes _____ No _____

What kind of food does your cat eat? _____

Dry Food: 1x Daily _____ 2x Daily _____ Free Feed _____ Never _____

Canned Food: 1x Daily _____ 2x Daily _____ Free Feed _____ Never _____

Does your cat have any known medical conditions? Yes ___ No ___ Describe: _____

Is your cat on any medications? If so, which drug and what is it for? _____

Does your cat have any current injuries? _____

Does your cat like to play? Yes _____ No _____

If so, what is his/her favorite game/toy? _____

What is your cat's best quality? _____

What is your cat's worse quality? _____

By signing below, you acknowledge that the provided information is true to the best of your knowledge.

Your Signature _____

Your Printed Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Thank you for answering these questions honestly. Everything you have told us about your dog is important to aid us in finding him/her an appropriate home. If there is any that you would like to add, please do so below.