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?** ___________________________________________

__________________________________________________________

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**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:**
- [ ] 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?

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

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:

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