



Cat Surrender Form

<u>Internal Use Only</u>		
Surrender date: _____	Animal Number: _____	Uploaded by: _____

We know the decision to surrender a cat to the shelter is never an easy one. One of the best things you can do for your cat is to give us as much detail as possible on this form, to help us find the best possible match for your cat's new forever home. No cat is perfect! Be honest about the challenges that you and your cat have faced together. It is less important that your cat be the "ideal cat", and more important that we can tell new adopters what living with your cat is really like.

Cat's name: _____ Date of Birth/Age (if known, approximate is okay): _____

Sex: Male Female Unknown Spayed/Neutered: Yes No

Breed(s): _____ Length of ownership: _____

Where did you get your cat? _____

Reason for surrender: _____

Why did you choose our shelter? _____

Is there anything that we can do or provide to help your pet stay in your home (example: training, supplies/food, low-cost veterinary recommendations)? <input type="radio"/> Yes <input type="radio"/> No
If yes, explain: _____

Would it be ok for the new guardian to contact you with questions? Yes No

If yes, what is your preferred method of contact? Phone Email

Living Situation

Strictly indoors Indoor/outdoor Strictly outdoors

Comments: _____

Potty Training: Litter box trained Goes outside (no litter box in house) Occasionally has accidents

Sprays in the house Prefers a certain type of litter (type): _____

Comments: _____

Is this cat declawed? Yes No If yes, explain: _____

This cat has shared a household with: Cats Dogs Caged birds Kids 0-10
 Kids 11-18 Adults Other: _____

Comments: _____

Diet: Canned (wet) food Dry food Special diet: _____

Behavior & Personality

What are some of this cat's favorite toys? _____

Has this cat ever shown aggression to people? Yes No

If yes, explain: _____

Has this cat ever shown aggression to other animals? Yes No

If yes, explain: _____

Has this cat ever been seen by a behaviorist? Yes No Name of behaviorist: _____

If yes, explain: _____

Please check as many of the following that describe your cat's behavior and habits:

- | | | | |
|--|--|---|---|
| <input type="radio"/> Meows a lot | <input type="radio"/> Uses scratching post | <input type="radio"/> Scratches furniture | <input type="radio"/> Chews playfully |
| <input type="radio"/> Rides well in cars | <input type="radio"/> Bites playfully | <input type="radio"/> Lap cat | <input type="radio"/> Anxious/nervous |
| <input type="radio"/> Fights with cats | <input type="radio"/> Hunts rodents/birds | <input type="radio"/> Likes being groomed | <input type="radio"/> Sprays in the house |
| <input type="radio"/> Walks on leash | <input type="radio"/> Likes being held | <input type="radio"/> Dislikes dogs | <input type="radio"/> Dislikes children |
| <input type="radio"/> Reserved | <input type="radio"/> Outgoing/friendly | <input type="radio"/> Playful | <input type="radio"/> Drools |
| <input type="radio"/> Independent | <input type="radio"/> Feisty and active | <input type="radio"/> Sedate | <input type="radio"/> Shy with strangers |
| <input type="radio"/> Other: _____ | | | |

Medical Information

When was the last time this cat went to the veterinarian? _____

Vaccines: FVRCP Date: _____ FeLV Date: _____ Rabies Date: _____

Name of veterinarian(s): _____

Known medical issues: _____

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