



CAT SURRENDER QUESTIONNAIRE

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Please fill out this form as completely as possible! No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about history, past veterinary care, like and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly can!
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Cat's Name: _____ Cat's Age: _____

Cat's sex: Male Female Is your cat spayed/neutered? Yes No Not Sure

Is your cat microchipped? Yes No Not Sure

Who is the microchip registered to? Self Someone Else _____

Has your cat ever bitten any person? Yes No If so, when? _____

If yes, please check all that apply:

Love Bite Play Bite Bite Clothing Only Minor Bite (did not break skin or leave bruising)

Bite (Broke Skin) Major Bite (Broken Skin/Blood Drawn/Bruising)

Why are you surrendering or returning your cat? _____

If the reason is behavior, explain the behavior and the things you have done to try to solve it: _____

If we could help you resolve the issue, would you be interested in keeping your cat? Yes No

Where did you obtain your cat? HSSW Breeder Stray Another Shelter Pet Store

Friend/Family Newspaper/Craigslist Born in my home Other: _____

If it was another shelter, friend/family member, pet store, newspaper/Craigslist or breeder, have you attempted to return it? Yes No

How long has your cat lived with you? _____

Is your cat declawed? Yes No If yes, Front paws only All four paws

If yes, when? As a kitten As an adult Acquired declawed _____

Litter Box Use

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Did your cat have access to a litter box in the house? Yes No

If no, did the cat use the bathroom only outdoors? Yes No

If yes, did your cat use the litter box? Yes No Sometimes

If sometimes, how often does the cat make mistakes? _____

Please describe the accidents: Urinates outside the box Defecates outside the box Urinates on clothing/
furniture Sprays on walls/furniture All of the above Other: _____

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

What type(s) of litter was used? Unscented Scented Clumping Non-Clumping Crystal
 Clay Other: _____

If other cats, how many shared a litter box? One Two or more Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin? Past month Past year Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use? _____

Please describe what measures you have taken to correct this problem. _____

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

If yes, what was the outcome? _____

Other Animals

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Has your cat lived with other animals? Yes No

Dogs, how many? _____ Males Females

Ignored Played with Acted bossy Acted shy

Cats, how many? _____ Males Females

Ignored Played with Acted bossy Acted shy

Other, how many? _____ Males Females

Ignored Played with Acted bossy Acted shy

Personality & Behavior

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

- Very active Friendly to family Friendly to visitors A clown Couch potato Shy to family
 Shy to visitors Playful Talkative Affectionate Independent Aloof Quiet Lap cat
 Withdrawn Playful Fearless Fearful Solitary More like a dog Other: _____

Where, if any, does the cat dislike being petted? _____

Play Style

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How does the cat like to play? (check all that apply)

- Plays gently, does not use teeth or claws Likes to play rough, may nip or scratch Likes to chase & pounce with a variety of toys Likes things that crackle, such as paper bags Likes to play hide and seek
 Will fetch items like bottle caps or toys Likes to learn tricks for treats Likes to play with other cats
 Likes to play with dogs Not much interest in play Chases bugs or moths
 Likes to play in or around water Other: _____

Lifestyle & Home Life

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

- Indoors only Outdoor only Indoors at night Garage or basement Indoors with access to outside
 Screened porch Indoors in cold weather In barn or shed Outdoors in warm weather
 Other: _____

Has the cat regularly been around children? Yes No Unsure

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

If this cat lived with children under the age of 7, 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: _____

Have the experiences with the cat and child(ren) always been positive? Yes No

If no, please explain: _____

Is this cat more comfortable with: Women Men Kids Teenagers Seniors Loves all people

Health & Dietary Habits

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Has your cat seen a veterinarian in the last three years? Yes No Not sure

If yes, what clinic? _____ Approx date of last visit? _____

Are there any illnesses or conditions a new owner should know about? Yes No

If yes, please explain: _____

May we contact the veterinarian? Yes No

Which does your cat eat? Dry only Canned only Combination of dry and canned People food

What type of treats does your cat enjoy? _____

How often do you feed your cat? Food always available Fed once a day Fed twice a day

Does this cat need a special diet? Yes No

If yes, please describe _____

Would you consider your cat to be a picky eater? Yes No

If yes, please explain _____

Is your cat on any type of flea treatment? Yes No

If yes, what kind? Advantage Frontline Revolution Other: _____

What else would you like us to know about your cat?

Office Use Only | Profile reviewed with patron by: _____

Comments: _____
