



Date Received: \_\_\_\_\_

## CAT SURRENDER QUESTIONNAIRE

Please fill out this form as completely as possible. No one knows your cat better than you. To help us find the best new home for your cat, please provide as much detail as possible about the behavior, medical history, and veterinary care of your feline friend.

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### Cat and Owner Information

Cat's Name: \_\_\_\_\_ Cat's Approximate Age: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Breed: \_\_\_\_\_ Coloring: \_\_\_\_\_

Cat's Sex: \_\_\_ Male \_\_\_ Female Is your cat spayed/neutered? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Is your cat microchipped? \_\_\_ Yes \_\_\_ No Microchip Number: \_\_\_\_\_

Company: \_\_\_\_\_ Who is it registered to? \_\_\_\_\_

Is your cat declawed? \_\_\_ Yes \_\_\_ No \_\_\_ Front paws only \_\_\_ All four paws

Was it declawed as a: \_\_\_ Kitten \_\_\_ Adult \_\_\_ Acquired declawed

How long has your cat lived with you? \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Surrender Information

Why are you surrendering or returning this cat? \_\_\_\_\_

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

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

If we could help resolve the issues, would you be interested in keeping the cat? \_\_\_ Yes \_\_\_ No

Where did you get this cat? \_\_\_ Breeder \_\_\_ Stray \_\_\_ Pet Store \_\_\_ Newspaper/Craigslist  
\_\_\_ Friend/Family \_\_\_ Born at home \_\_\_ Shelter or Rescue: \_\_\_\_\_

Have you attempted to return the cat from where you obtained it? \_\_\_ Yes \_\_\_ No

If yes, what was the reason they did not take it back?

\_\_\_\_\_

Have you contacted any rescue groups that might help rehome your cat? \_\_\_ Yes \_\_\_ No

If yes, what was the reason they were not able to help you? \_\_\_\_\_

## Litter Box Use

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? \_\_\_\_\_

When did they begin?  Past month  Past year  Ongoing

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: \_\_\_\_\_

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? \_\_\_\_\_

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  Three or more  One litter box  Multiple boxes for multiple cats

## Lifestyle

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

Barn or shed  Outdoors in warm weather  Other: \_\_\_\_\_

Does cat claw on furniture?  Yes  No  Occasionally

If yes, what did you do to prevent this? \_\_\_\_\_

Has your cat lived with other animals?  Yes  No  Dogs  Cats  Other: \_\_\_\_\_

If dogs, how many?  Males  Females

How did it react?  Ignored  Played with  Acted bossy  Acted shy  Ran from

If cats, how many?  Males  Females

How did it react?  Ignored  Played with  Acted bossy  Acted shy  Ran from

If other, what type? \_\_\_\_\_ How many?  Males  Females

How did it react?  Ignored  Played with  Acted bossy  Acted shy  Ran from  
Does your cat have any other bad habits? Please list:

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### **Personality and Behavior**

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

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

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

What areas, if any, does the cat dislike being petted? \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Plays gently, does not use teeth or claws     | <input type="checkbox"/> Likes to play rough, may nip or scratch   |
| <input type="checkbox"/> Likes to chase and pounce toys                | <input type="checkbox"/> Likes to play hide and seek               |
| <input type="checkbox"/> Likes things that crackle, such as paper bags | <input type="checkbox"/> Will fetch items like bottle caps or toys |
| <input type="checkbox"/> Likes to learn tricks for treats              | <input type="checkbox"/> Likes to play with other cats             |
| <input type="checkbox"/> Likes to play with dogs                       | <input type="checkbox"/> Not much interest in play                 |
| <input type="checkbox"/> Chases bugs or moths                          | <input type="checkbox"/> Likes to play in or around water          |

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 the cat lived with children under the age of 7, how did they interact? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Ignored each other          | <input type="checkbox"/> Child was able to pet cat     | <input type="checkbox"/> Mutual adoration  |
| <input type="checkbox"/> Cat hissed/growled at child | <input type="checkbox"/> Cat and child played together | <input type="checkbox"/> Cat avoided child |

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

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

If no, please explain: \_\_\_\_\_

Is the cat comfortable with (check all that apply):  Women  Men  Toddlers

Children  Teens  Seniors

Has your cat bitten anyone?  Yes  No Was the bite within the last 10 days?  Yes  No

If yes, who did the cat bite?  Adult  Child  Once  More than once

If yes, what type of bite? Please check all that apply:

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Love bite         | <input type="checkbox"/> Play bite                                     | <input type="checkbox"/> Bit clothing | <input type="checkbox"/> Minor bite (didn't break skin/leave bruising) |
| <input type="checkbox"/> Bite (broke skin) | <input type="checkbox"/> Major bite (Broken Skin/Blood Drawn/Bruising) |                                       |  |

Can you explain details/circumstances of bite? What led up to it?

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What did you do to correct this behavior? \_\_\_\_\_  
\_\_\_\_\_

**Health and Diet**

Has your cat seen a veterinarian in the last three years? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure  
If yes, name and location of clinic? \_\_\_\_\_

Date of last visit? \_\_\_\_\_ Reason for visit: \_\_\_\_\_

May we contact the veterinarian? \_\_\_ Yes \_\_\_ No

Is your cat on any type of flea treatment? \_\_\_ Yes \_\_\_ No Date of last treatment: \_\_\_\_\_

If yes, what kind? \_\_\_ Advantage \_\_\_ Frontline \_\_\_ Revolution \_\_\_ Other: \_\_\_\_\_

Is your cat up to date on vaccines? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

If yes, date last vaccine(s): \_\_\_\_\_

Type of last vaccine: \_\_\_\_\_

Has the cat been vaccinated for Feline Leukemia in the past year? \_\_\_ Yes \_\_\_ No

Any illnesses/medical conditions new owner should know about? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

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

What does your cat eat? \_\_\_ Dry only \_\_\_ Canned only \_\_\_ Comb. dry/canned \_\_\_ People food

Brand of Food \_\_\_\_\_

How often do you feed your cat? \_\_\_ Food always available \_\_\_ 1x a day \_\_\_ 2x per 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: \_\_\_\_\_

What type of treats does your cat enjoy? \_\_\_\_\_

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

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**Office use only**

Profile reviewed with patron by: \_\_\_\_\_ Date: \_\_\_\_\_

Cat evaluated at Shelter by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Surrender Approved: \_\_\_ Yes \_\_\_ No Approved/Denied by: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

If approved, cat intake scheduled for: \_\_\_\_\_

Owner Surrender Papers: \_\_\_ Signed \_\_\_ Medical record, if any \_\_\_ Miscellaneous: