Cat Surrender Questionnaire

*Has this cat bitten anyone or any animal in the past 10 days?  ○ Yes  ○ No

If yes, please stop and inform the staff!

General Information

Cat’s Name: ____________________________  Sex:  ○ Male  ○ Female  ○ Unsure
Cat’s age: _____ years _____ months
Is the cat spayed/neutered?  ○ Yes  ○ No  ○ Unsure
What kind of I.D. does your cat have?  ○ Tattoo (location): ____________________________
                                            ○ Microchip (number): ____________________________
Is the cat declawed?  ○ Front  ○ All  ○ Not declawed
If declawed, when was it done?  ○ As a kitten  ○ As an adult

History

Why are you surrendering your cat? __________________________________________

If surrender is behavioral, please explain: ______________________________________

How long have you owned your cat? __________________________________________

Including yours, how many homes has this cat had? ____________________________

Where did you acquire this cat? ____________________________________________

Personality Profile

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

☐ Likes to cuddle  ☐ Couch potato  ☐ Active  ☐ Hyper  ☐ Affectionate
☐ Destructive  ☐ Shy  ☐ Loves to play  ☐ Independent  ☐ Fearful
☐ Friendly  ☐ Makes a lot of noise (meowing)  ☐ Aloof  ☐ Friendly to family  ☐ A clown
☐ Friendly to visitors  ☐ Playful  ☐ More like a dog  ☐ Withdrawn  ☐ Shy to family
☐ Solitary  ☐ Quiet  ☐

Play Style

My cat likes to play: (check all that apply):

☐ Does not play  ☐ Hide and seek  ☐ In or around water  ☐ With other cats
☐ Gently, does not usually use teeth or claws  ☐ Rough, may bite/scratch  ☐ With things that crackle, like paper bags
☐ Fetch with items like bottle caps or toys  ☐ Chase with bugs/moths  ☐ Likes to learn tricks for treats
☐ Other (please explain): ____________________________________________
Your cat's favorite toy(s): (check all that apply)

☐ Laser pointer  ☐ Crinkle toy  ☐ Mouse  ☐ Feather toy  ☐ String
☐ Tunnel/cube  ☐ Other: ____________________________

Lifestyle and Home Life

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

☐ Indoors  ☐ Outdoor  ☐ Indoors at night  ☐ Garage or basement
☐ Indoors in cold weather  ☐ In barn or shed  ☐ Screened porch  ☐ Indoors with access to outside
☐ Other: ____________________________

Where did your cat spend most of his/her time? (check all that apply)

☐ Bedroom  ☐ Kitchen  ☐ Living room  ☐ Garage or basement
☐ At the window  ☐ Outdoors only  ☐ Barn or shed  ☐ Where people are
☐ Other: ____________________________

If your cat went outdoors, did it chase or kill: (check all that apply)

☐ Squirrels  ☐ Mice  ☐ Moles  ☐ Birds  ☐ Rabbits
☐ Other: ____________________________

If this cat has lived with other cats, how did they interact? (check all that apply):

☐ Adored each other  ☐ Played together  ☐ Sniffed noses  ☐ Groomed each other
☐ Slept near each other  ☐ Ignored each other  ☐ Rough with others  ☐ Fought with injuries
☐ Fought without injuries  ☐ Gentle with others  ☐ Caused this cat stress  ☐ Peacefully coexisted
☐ Other (please explain): ____________________________

If this cat has lived with dogs, how did they interact? (check all that apply):

☐ Adored each other  ☐ Played together  ☐ Sniffed noses  ☐ Groomed each other
☐ Slept near each other  ☐ Ignored each other  ☐ Cat feared dog  ☐ Fought with injuries
☐ Fought without injuries  ☐ Dog chased cat  ☐ Caused this cat stress  ☐ Cat rubbed on dog
☐ Cat tormented dog  ☐ Avoided each other  ☐ Peacefully coexisted
☐ Other (please explain): ____________________________

Including yourself, how many people of the following ages live in your home? Please fill in the boxes.

<table>
<thead>
<tr>
<th>Age range (years)</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>0-3</td>
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<tr>
<td>4-9</td>
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<td>10-17</td>
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<td>18-29</td>
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<td>30-59</td>
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<tr>
<td>60+</td>
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Has the cat regularly been around children? ☐ Yes ☐ No ☐ Unsure Ages:__________________________

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

If no, please explain: ____________________________________________

Is this cat more comfortable with: (check all that apply)

☐ Women  ☐ Men  ☐ Kids  ☐ Teenagers  ☐ Seniors  ☐ Loves all people
Where does your cat usually sleep at night?

☐ Floor  ☐ Under the bed  ☐ Cat bed  ☐ Owner’s bed  ☐ Kid’s room  ☐ Cat room
☐ Has free room of the house  ☐ Other (please describe): ________________________________

Describe the ideal home for your cat: ________________________________________________

Please tell us some things you truly love about this cat: ________________________________

Are there any quirks or habits you are not fond of in your cat? ________________________________

Does the cat do any of the following? (check all that apply):

☐ Jump on counters  ☐ Scratch furniture  ☐ Chew plants  ☐ Scratches doors/cabinets
☐ Chews personal items  ☐ Climbs curtains  ☐ Other: ________________________________

How did you attempt to correct this problem? __________________________________________

My cat is used to: (check all that apply):

☐ Wearing a collar  ☐ A harness  ☐ Walking on a leash  ☐ Having a window seat
☐ Using a scratching post  ☐ Being bathed  ☐ A blow dryer  ☐ Car rides
☐ Being held  ☐ Other (please explain): ____________________________________________

When in vehicle, is the cat:  ☐ Loose  ☐ Crated  ☐ In car seat  ☐ Other: ____________________

Describe the cat’s behavior in the car: (check all that apply):

☐ Loves it  ☐ Calm  ☐ Afraid but okay  ☐ Gets car sick  ☐ Nervous
☐ Cries  ☐ Hates it  ☐ Sleeps  ☐ Tolerates it
☐ Other (please explain): __________________________________________

Is your pet frightened of anything? (check all that apply):

☐ Thunder/lightning  ☐ Men  ☐ Teenagers  ☐ Women  ☐ Strangers
☐ Cars  ☐ Fireworks  ☐ Bikes/skateboards  ☐ Yelling/loud noises  ☐ Vacuum
☐ Children  ☐ Vet/groomer  ☐ Water  ☐ Dogs
☐ Other (please explain): __________________________________________

Is there any part of the cat’s body they don’t like to be touched? (check all that apply):

☐ Head  ☐ Body  ☐ Feet  ☐ Tail
☐ Belly  ☐ Ears  ☐ Other: ________________________________

What does the cat do to show you that they do not like it?

☐ Hiss  ☐ Scratch  ☐ Growl  ☐ Bite
☐ Other: __________________________________________

To your knowledge, has this cat ever bitten or killed a person or animal?  ○ Yes  ○ No

If yes, please list date and circumstances of each incident and initial.

<table>
<thead>
<tr>
<th>Date</th>
<th>Circumstance</th>
<th>Initials</th>
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Litter Box Habits

We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavior issues involved.

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

If no, did your cat use the bathroom outdoors?  ○ Yes  ○ No  ○ Sometimes

If sometimes, how often did the cat make mistakes? __________________________________________________________

Is the litter box:  ○ Covered  ○ Uncovered

Where is the litter box(es) located in the house? __________________________________________________________

Please describe any litter box accidents:

☐ Urinates outside the box  ☐ Urinates on clothing/furniture  ☐ Defecates outside the box
☐ Sprays on walls/furniture  ☐ All of the above
☐ Other (please explain): __________________________________________________________

How often was litter box scooped?  ○ Everyday  ○ Every few days  ○ Weekly  ○ Rarely

What type(s) of litter was used?

☐ Unscented  ☐ Scented  ☐ Clumping  ☐ Non-clumping  ☐ Crystals
☐ Clay  ☐ Pine  ☐ Yesterday’s News
☐ Other (please explain): __________________________________________________________

Are there other animals in your home?  ○ No  ○ Other cats  ○ Dogs  ○ Birds  ○ Rodents

If other cats are in the home, how many shared a litter box?

☐ One  ☐ Two or more  ☐ Many cats shared  ☐ 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 the 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? _________________________________________________________________

Medical History, Health and Diet

Did the cat see a veterinarian at least once per year?  ○ Yes  ○ No  ○ Not sure

If yes, name of clinic: ________________________________________________________________

Is the cat current on vaccinations?  ○ Yes  ○ No  ○ Not sure

Has this cat ever had surgery other than sterilization?  ○ Yes  ○ No  ○ Not sure

If yes, please explain: ________________________________________________________________
Has the cat ever been diagnosed with and/or treated for any of the following: (check all that apply)

- [ ] Upper respiratory infection
- [ ] Urinary tract infection
- [ ] Allergies
- [ ] Heart murmur
- [ ] Tumors
- [ ] Epilepsy or seizures
- [ ] Organ failure
- [ ] Thyroid disease
- [ ] Diabetes
- [ ] Other: (please explain) ____________________________

Check if your cat has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer:

<table>
<thead>
<tr>
<th>Examination (including heart and ears)</th>
<th>Never done</th>
<th>Show teeth/growl</th>
<th>Snap</th>
<th>Bite</th>
<th>None of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint</td>
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<tr>
<td>Administer shots</td>
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<tr>
<td>Trim nails</td>
<td></td>
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<tr>
<td>Take blood</td>
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Is your cat currently on any medication or special diet?  [ ] Yes  [ ] No

If yes, please explain: ____________________________________________

Name of veterinarian/clinic: ______________________________________

Is your cat on any type of flea treatment?  [ ] Yes  [ ] No  Date of last treatment: ______

If yes, what kind?  [ ] Advantage  [ ] Frontline  [ ] Revolution  [ ] Seresto collar

Is your cat up to date on vaccines?  [ ] Yes  [ ] No  [ ] Not sure

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Date Expires</th>
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<tbody>
<tr>
<td>Feline Distemper</td>
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<tr>
<td>Feline Leukemia (FIV)</td>
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<tr>
<td>Rabies</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Any illnesses/medical conditions the new owner should know about?  [ ] Yes  [ ] No

If yes, please explain: ____________________________________________

Does your cat have issues with vomiting or fur balls?  [ ] Yes  [ ] No

If yes, please explain: ____________________________________________

What is your cat's favorite brand of food? ____________________________

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 is your cat fed?  [ ] Food always available  [ ] Designated mealtimes

Please tell us any additional comments about your feline friend: ____________________________________________

_________________________________________________________________

_________________________________________________________________