

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):

- | | | | | |
|---|---|---|--------------------------------------|--|
| <input type="checkbox"/> Likes to cuddle | <input type="checkbox"/> Couch potato | <input type="checkbox"/> Active | <input type="checkbox"/> Hyper | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Shy | <input type="checkbox"/> Loves to play | <input type="checkbox"/> Independent | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Makes a lot of noise (meowing) | <input type="checkbox"/> Friendly to family | <input type="checkbox"/> A clown | <input type="checkbox"/> Shy to family |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Shy to visitors |
| <input type="checkbox"/> Solitary | <input type="checkbox"/> Quiet | <input type="checkbox"/> More like a dog | <input type="checkbox"/> Fearless | |

Play Style

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

- | | | | | |
|--|--|--|---|------------------------------------|
| <input type="checkbox"/> Does not play | <input type="checkbox"/> Hide and seek | <input type="checkbox"/> In or around water | <input type="checkbox"/> With other cats | <input type="checkbox"/> With dogs |
| <input type="checkbox"/> Gently, does not usually use teeth or claws | <input type="checkbox"/> Fetch with items like bottle caps or toys | <input type="checkbox"/> Chase with bugs/moths | <input type="checkbox"/> Likes to learn tricks for treats | |
| <input type="checkbox"/> 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
 Outdoors
 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.

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

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 roam 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 Climb 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.

Date	Circumstance	Initials

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 urinary tract diseases
 Other: (please explain) _____

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

	Never done	Show teeth/growl	Snap	Bite	None of these
Examination (including heart and ears)					
Restraint					
Administer shots					
Trim nails					
Take blood					

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
 Other: _____

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

Vaccine	Date Given	Date Expires
Feline Distemper		
Feline Leukemia (FeLV)		
Rabies		
Other:		

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:
