Cat Surrender Profile

Cat’s Name _____________________________________________________

Breed/Breed Mix _________________________ Color______________ Age _____ De-clawed? Yes _____ No _____

Sex (circle): Male    Female    Is your cat spayed or neutered? __________________   When? ______________________

Where did you acquire your cat? _________________________________________________________________

How old was he/she when you acquired him/her? ____________________________________________________

How long has your cat lived with you? __________________________________________________________________

Do you have a veterinarian?  Yes ____ No ____   If so, who is your veterinarian? ________________________________

How does your cat behave at the veterinarian? __________________________________________________________

Has your cat been tested for FIV/FeLV within the past 6 months?  Yes _____ Result_____           No_____   Unsure_____

How does your cat react to being placed inside a cat carrier? _________________________________________________

How does your cat react to being in the car? ______________________________________________________________

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Why are you surrendering your cat? (circle all that apply)

Allergy (yours/their)     Behavioral Issues      Cannot Afford      Cat Aggressive      Doesn’t Like Adults      Doesn’t Like Kids      Dog Aggressive
Escapes       Existing Pet Doesn’t Like       Medical Care       Generally Aggressive       House Training Issues       Landlord       Lost Our Home
Military Transfer      Moving        Pet Responsibility/Time Commitment        Unrealistic Expectations        Other

Please explain why you need to relinquish your cat in your own words: ________________________________________
__________________________________________________________________________________________________

If we were able to provide you with a solution for the issue that is causing you to surrender your cat (free food, low cost veterinary care, training, or behavioral help), would you consider keeping your cat?  Yes _____ No _____

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Check all that apply to describe your cat’s personality:

Friendly____   Shy____   Independent____   Fearful____   Playful____   Affectionate____   Aloof____   Aggressive____   Vocal____

Describe your cat’s personality in your own words: _______________________________________________________

Does your cat like to spend time with the family?  Yes_____  Or is he/she more of a loner? _____

Is your cat slow to acclimate to new things (i.e. visitors, noises, new pets, etc.)?  Yes _____ No _____

    If yes, how does he/she act? _______________________________________________________________________

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Where does your cat spend most of his/her time?  Inside_____  Outside_____  

Where does your cat like to spend time when inside? ______________________________________________________

If your cat goes outside, does he/she:  Stay close to the house? _____  Wander off? _____  Fight with other cats? _____
Does your cat like to sit on your lap?  Yes _____ No _____

Does your cat like to be petted?  Yes _____ No _____

What does he/she do when he/she has had enough petting? ____________________________________________

Does your cat like being picked up?  Yes _____ No _____

What does he/she do if he/she is picked up when not in the mood? _______________________________________

Is your cat afraid of, or uncomfortable with:  Women____  Men____  Children____  Infants____  None____

What does he/she do when uncomfortable?  Run Away____  Hiss____  Swat At____  Scratch____  Bite____

Does your cat show aggression towards:  Family Members____  Visitors____

If yes, what does he/she do?  Hiss____  Swat At____  Scratch____  Bite____

What do you do if your cat becomes aggressive? _____________________________________________________

Does your cat scratch on your furniture or carpet? Yes _____ No _____

Do you have a scratching post for your cat? Yes ____ No ____  Does your cat use the scratching post? Yes ____ No ____

If so, which kind does he/she prefer?  Vertical___   Horizontal___   Cardboard___   Carpeting___  Rope___   Wood___

What other animals has your cat lived with?  Dogs _____  Cats _____  Other _______________________________

How did your cat interact with the other cat/s?  Playful___   Tolerant___   Avoidance___   Aggressive___   Fearful___

How did your cat interact with the dog/s?  Playful___   Tolerant___   Avoidance___   Aggressive___   Fearful___

What type of litter box do you use?  Uncovered____  Covered____  Other______________________________________

How many boxes did you have? __________   Where were they located? ___________________________________

What type of litter do you use?  Clay___  Clumping___  Shavings___  Wood Pellets___  Other____________________

Does your cat ever eliminate outside the litter box?  Yes _____ No _____    If yes:  Urinate____  Defecate____  Both____

How frequently?  Daily____  Weekly____  Once in a while____

Where does he/she eliminate if not in the box? __________________________________________________________

How long has your cat been inappropriately eliminating outside the litter box? ____________________________

If urinating outside the box, is he/she spraying (urine found on vertical surfaces)?  Yes _____ No _____   Unsure_____

Have you ever taken your cat to the vet for inappropriate elimination?  Yes _____ No _____

If so, did they find a medical reason for the issue?  Yes ___ No ___  If treatment resolved the issue?  Yes ____ No __

What kind of food does your cat eat?

Dry Food: 1x Daily____  2x Daily____  Free Feed____  Never____

Canned Food: 1x Daily___  2x Daily____  Free Feed____  Never____
Does your cat have any known medical conditions? Yes ___ No ___ Describe: ____________________________________________

Is your cat on any medications? If so, which drug and what is it for? ____________________________________________

Does your cat have any current injuries? __________________________________________________________________

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Does your cat like to play? Yes _____ No _____

   If so, what is his/her favorite game/toy? _________________________________________________

What is your cat’s best quality? ______________________________________________________________________

What is your cat’s worse quality? _____________________________________________________________________

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By signing below, you acknowledge that the provided information is true to the best of your knowledge.

Your Signature ____________________________________________________________

Your Printed Name _________________________________________________________

Address __________________________________________________________________

City __________________________ State __________ Zip Code __________

Phone ___________________________________________________________________

Email ___________________________________________________________________

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Thank you for answering these questions honestly. Everything you have told us about your cat is important to aid us in finding him/her an appropriate home. If there is any that you would like to add, please do so below.