



CAT SURRENDER PROFILE

Date of Surrender _____

Animal ID# (Staff Only) _____

Cat's Name _____

Cat's Age _____

Sex: Male Female

Spayed/Neutered: Yes No Unknown

Breed _____

How long have you owned this cat? _____

Where did you get this cat?

- Breeder Pet Shop The Anti-Cruelty Society Other Shelter/Rescue
 Found Family/Acquaintance Private Owner Online Offspring from your pet
 Abandoned Other _____

If from another shelter or rescue, please provide the name and phone number of the organization:

Why are you surrendering your cat? _____

When was your cat's last flea/tick treatment? What kind of treatment (drops, oral, collar, etc.) and how long does it last? _____

Does your cat ever require sedation?

- At the vet For grooming For travel During storms
 For anxiety Never Other _____

Is your cat declawed? No Front All Four

What kind of food do you feed your cat?

- Dry kibble Canned food Raw diet Frozen/Refrigerated food
 Homemade diet People food Other _____

What brand(s) of food do you feed your cat? _____

How many meals per day and what times? _____

How much per meal? Any special preparation? _____

Is your cat a picky eater? If so, please explain. _____

What type of treats do you feed your cat? _____

Does your cat drink water in any way other than from a bowl? (Faucet, cup, fridge door, ice cubes, etc.)

Where are your cat's food and water bowls located?

What is your cat's normal energy level? High Low Moderate

How would you describe your cat's general personality?

- | | | | |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Noisy/Loud | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Fearful | <input type="checkbox"/> Wary of Strangers | <input type="checkbox"/> Friendly to Strangers |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Needy | <input type="checkbox"/> Shy |

What are your cat's favorite toys/games?

Did your cat live with children?

Yes No What Ages? _____

How did the cat behave with them?

- | | | | | | |
|--|--------------------------------------|---|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Played with | <input type="checkbox"/> Avoided | <input type="checkbox"/> Hid from | <input type="checkbox"/> Hissed at | <input type="checkbox"/> Growled at |
| <input type="checkbox"/> Scratched | <input type="checkbox"/> Bit | <input type="checkbox"/> Approached/Sought Attention from | | | |
| <input type="checkbox"/> Ignored/Did not interact with | | <input type="checkbox"/> Behaved differently depending on the child | | | |
| <input type="checkbox"/> Other _____ | | | | | |

How did the cat behave with other children?

- | | | | | | |
|--|--------------------------------------|---|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Played with | <input type="checkbox"/> Avoided | <input type="checkbox"/> Hid from | <input type="checkbox"/> Hissed at | <input type="checkbox"/> Growled at |
| <input type="checkbox"/> Scratched | <input type="checkbox"/> Bit | <input type="checkbox"/> Approached/Sought Attention from | | | |
| <input type="checkbox"/> Ignored/Did not interact with | | <input type="checkbox"/> Behaved differently depending on the child | | | |
| <input type="checkbox"/> Other _____ | | | | | |

Did your cat live with other cats?

Yes No How many? What ages/sexes? _____

How did your cat behave with the other cats in the home?

- | | | | | | |
|--|--------------------------------------|---|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Played with | <input type="checkbox"/> Avoided | <input type="checkbox"/> Hid from | <input type="checkbox"/> Hissed at | <input type="checkbox"/> Growled at |
| <input type="checkbox"/> Scratched | <input type="checkbox"/> Bit | <input type="checkbox"/> Approached/Sought Attention from | | | |
| <input type="checkbox"/> Ignored/Did not interact with | | <input type="checkbox"/> Behaved differently for each cat | | | |
| <input type="checkbox"/> Other _____ | | | | | |

Did your cat live with dogs?

Yes No How many? What breeds/sizes? _____

How does your cat behave with them?

- | | | | | | |
|--|--------------------------------------|---|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Played with | <input type="checkbox"/> Avoided | <input type="checkbox"/> Hid from | <input type="checkbox"/> Hissed at | <input type="checkbox"/> Growled at |
| <input type="checkbox"/> Scratched | <input type="checkbox"/> Bit | <input type="checkbox"/> Approached/Sought Attention from | | | |
| <input type="checkbox"/> Ignored/Did not interact with | | <input type="checkbox"/> Behaved differently for each dog | | | |
| <input type="checkbox"/> Other _____ | | | | | |

How does your cat react to unknown people?

- N/A Played with Avoided Hid from Hissed at Growled at
 Scratched Bit Approached/Sought Attention from
 Ignored/Did not interact with Behaved differently for each person
 Other _____

What is your cat afraid of?

- Vacuum Storms/Fireworks Novel Items Cats
 Dogs Men Women Children
 Strangers Outside Carriers
 Other _____

How does your cat react to loud or novel noises?

- Ignores/Doesn't react Startles but recovers quickly Investigates the source
 Hisses Growls Hides briefly then returns
 Hides for a while Panics and knocks things over to get away
 Other _____

Does your cat do any of the following frequently?

- Scratch Furniture Scratch walls Scratch Doors Scratch Floors
 Claw curtains/Blinds Steals food from counters/tables Digs through the trash
 Open doors Chew wires/cords None of the above

Does your cat display any of the following behaviors?

- Easily becomes overstimulated/excited during play
 Bite and scratches hard enough to cause pain during petting
 Bites and scratches hard enough to cause pain during play
 Stalks and chases/attacks other (non-prey) pets
 Stalks and chases/attacks family members
 Climbs legs/bodies for attention
 Bites when I am petting him/her for a brief amount of time
 Bites when I am petting him/her for an extended time

When someone picks your cat up, how do they react?

- Settles in comfortably to be held Tolerates briefly before jumping down
 Struggles some but allows Struggles until release
 Growls and twitches tail while held Bites/scratches to be released
 Does not allow you to pick up Other _____

Is there anywhere on his/her body that your cat does not like to be touched?

- Head Neck Back Belly Tail/Rear End Paws/Feet
 I can touch my cat anywhere. Other _____

How does your cat react when touched in any of the previously mentioned places?

- Hisses Growls Runs/Moves Away Bites Scratches
 Does not react negatively Other _____

When does your cat meow?

- Rarely/Never When greeting people For attention For food/Treats
 For door to be opened For play It seems like whenever he/she feels like it
 Other _____

Is your cat more vocal than average?

- Yes No Sometimes

Does your cat's meow seem abnormally loud?

- Yes No Sometimes

When is your cat most active?

- Never Morning Daytime Evening Overnight All Day

What type of scratching surface does your cat have access to?

- Tower Scratch Post Scratch Pad None
 Other _____

What materials are they made of?

- Sisal Carpet Rope Cardboard Wood
 Other _____

What materials does your cat prefer to scratch?

- Sisal Carpet Rope Cardboard Wood My cat is declawed
 Other _____

Does your cat have outdoor access?

- Never Yard Porch/Deck Neighborhood Forested Area On leash
 Other _____

How often does your cat go outdoors?

- N/A Daily Few times a week Once a week
 Less than once a month Only when they manage to escape

How long, on average does your cat stay out?

- N/A Comes back in almost immediately A few hours The full day
 Overnight Will sometimes be gone for days

How does your cat interact with neighborhood cats?

- Never interacts Seeks them out Friendly Playful Ignores Hisses/Growls
 Avoids Fights Other _____

Is your cat picky about its litter/litter box?

- Not Picky Litter Box Both

What Brand of cat litter do you use? _____

What type of cat litter do you use?

- Clay- Scoopable Clay- Non-Scoopable Crystal Pine Wheat Corn Cob
Walnut Paper Scented Unscented My cat is toilet trained
 Other _____

How many litter boxes do you have? _____

Where are they located? _____

Check any of the following that apply to any of your litter boxes:

- Covered/Hooded Use deodorizer Use plastic liners Use litter mats
 Open topped High sided Self cleaning

Does your cat ever NOT use his/her litter box?

- Yes No If yes, please explain: _____

How often do you scoop your liter box? _____

How often do you empty and wash your litter box? _____

When was your cat's last vet visit? Please provide any recent medical records.

Does your cat have any long-term/chronic medical conditions? Yes No

If yes, please list any known conditions and what medications/treatments have been prescribed by the vet.

Please describe any other recent/current medical conditions your cat has experienced.

Is your cat eating, drinking, peeing, and pooping normally? Yes No

If no, please describe any abnormalities you have noticed.

Have you noticed any of the following conditions in your cat recently?

- Coughing, sneezing or abnormal nasal discharge
- Loose stool/diarrhea
- Worms in stool
- Vomiting
- Blood in stool
- Hair loss
- Rashes/Hot spots or itchiness
- Head shaking or scratching ears
- Bugs (fleas, ticks, maggots, etc.) on skin/coat
- Pain/Sensitivity to touch
- Lameness/Limping
- Open or recently healed wounds
- Eye injury, sensitivity or discharge
- Loss of appetite and/or reduced activity
- Abnormal weight loss
- Masses or tumors
- None of the above
- Other _____

Please list any allergies/sensitivities your cat has. (Food, plants, seasonal, medications, vaccinations, etc.)

Please list any medications your cat is currently taking. Please bring any medications to your appointment.

Please tell us anything else you would like the shelter and potential adopters to know about your cat?
