Feline Surrender Profile

We understand that surrendering an animal to a shelter can be very difficult, and you are likely concerned for your cat's future. By completing this form, you will help us care for your animal during its visit, and place it appropriately, if placement is possible. Thanks for helping us do the best possible job to make your cat's visit a pleasant and short one.

ACCOUNT # ___________________________  TAG # __________________ 
Pet's Name ___________________________  Birth Date/Age ________________
Breed_______________________________  Gender IM IF NM SF

Feeding

1. Type(s) of food (check all that apply):
   - Dry
   - Canned
   - Raw/Homemade
   - Don't Know

Brand(s) of Food ________________________  ______________________________________
Brand(s) of Treats ________________________  ______________________________________

2. How many times a day is your cat fed?
   - 1 scheduled meal
   - 2 scheduled meals
   - 3 scheduled meals
   - Free fed (food always left out in bowl)
   - Don't Know

3. How would you describe your cat’s eating habits?
   - Picky eater
   - Loves his/her food
   - Will over-eat if given the opportunity

4. Does your cat have any dietary restrictions?
   ______________________________________  ______________________________________
   ______________________________________  ______________________________________

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5. When is your cat fed? **Check all times that apply.**
   - 6am-10am
   - 10am-2pm
   - 4pm-8pm
   - 8pm or later
   - Free Fed (food left out all the time)
   - Don't Know

**Exercise/Play Habits**

1. Does your cat like to play?
   - Yes
   - No

2. What are your cat’s favorite toys/games? __________________________________________
   ______________________________________

3. How would you rate your cat’s energy/activity level?
   - Extremely low
   - Mild
   - Moderate
   - High
   - Extremely High

4. During play, does your cat ever bite, scratch, or exhibit other behaviors that you would consider rough?
   *If yes, please explain: __________________________
   __________________________________________________

5. Was your cat allowed to go outside?
   - Yes
   - No
   *If yes, please indicate how your cat was supervised:
   - Not supervised; the cat would come and go on its own
   - Leash walks on a harness
   - Supervised, but not on a harness

**Litterbox History**

1. Litterbox set up:
   - Covered
   - Uncovered
   - I have both uncovered and covered boxes at home
2. Is your cat particular about the type of litter you use?
  ☐ Yes
   ☐ No
Type of litter: ________________________________________ (specify if scented or unscented, please)

3. Does your cat have a history of eliminating outside of its box?
   ☐ Yes
   ☐ No

   Please describe the accidents:
   ☐ Urinates outside the box
   ☐ Defecates outside the box
   ☐ Urinates on clothing/furniture
   ☐ Sprays on walls/furniture
   ☐ Other ________________________________________________

4. How often was the litterbox scooped?
   ☐ Once every day
   ☐ Multiple times a day
   ☐ Every few days
   ☐ Weekly
   ☐ Self-cleaning litterbox

5. Where was the litterbox kept? If multiple boxes, please list all locations.
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

6. How many cats and how many boxes did you have in the house to share?
   _______ Cats  _______ Boxes

7. If litterbox issues have been a problem, please indicate when the problems began?
   ☐ Just recently
   ☐ In the past month
   ☐ In the past year
   ☐ Ongoing

8. Please list any event(s) that may have triggered or influenced your cat to eliminate inappropriately (ex: moving, new baby, new pet, etc.) ________________________________
   _______________________________________________________________________
   _______________________________________________________________________

9. If litterbox issues have been a problem with your cat, please describe the measures that were taken to correct this problem? ________________________________
   _______________________________________________________________________
   _______________________________________________________________________
10. Has your cat been to the vet to rule out infection or underlying health issues?
   □ Yes
   □ No

If yes, what was the outcome?
   ________________________________________________________________

Household History

1. How did your cat usually interact with the following in your home?
   Cats  ____________________________________________________________
   Dogs  ____________________________________________________________
   Children  _________________________________________________________
   House Guests  _____________________________________________________
   Other small animals  ________________________________________________

2. Would any of the following describe your cat’s usual nuisance behaviors?
   __ Jumps on counters  __ Scratches furniture  __ Chews plants
   __ Climbs curtains  __ Gets into garbage  __ Vocalizes often
   __ Chews personal items  __ Scratching doors/cabinets  __ Darting out doors

3. What characteristics/personality traits does your cat display?
   __ Friendly to family  __ Friendly to visitors  __ More like a dog
   __ Playful  __ Active  __ Affectionate
   __ Shy to family  __ Shy with visitors  __ Quiet
   __ Fearful  __ Fearless  __ Lap cat
   __ Talkative  __ Aloof  __ Couch Potato

Enrichment

1. Did your cat have any cat furniture or cat condos at home to play/sleep on?
   □ Yes
   □ No

Behavior

1. Has your cat ever bitten a person?
   □ Yes
   □ No

2. Did the bite break the person's skin?
   □ Yes
   □ No

3. Explain how the bite happened:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
6. Has your cat ever bitten another animal?
   □ Yes
   □ No

7. Did the bite break the other animal's skin?
   □ Yes
   □ No

8. Explain how the bite happened:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

12. Is the cat afraid of anything? **Check all answers that apply.**
   □ Loud or sudden noises
   □ Doorbell
   □ Thunderstorms
   □ Children
   □ Vacuum cleaners
   □ Fireworks
   □ Strangers
   □ Dogs
   □ Other cats
   □ Other ______________________________________________________

**Health**

1. Has the cat had any health problems in the past?
   □ Yes
   □ No
   □ Unknown

   If "Yes," please name the health problem ______________________________

2. Is the cat currently taking medication?
   □ Yes
   □ No
   □ Unknown

   If "Yes," please name the medications __________________________________
   ________________________________________________________________

3. How does your cat behave during visits to the vet?
   ________________________________________________________________
   ________________________________________________________________
Last Notes

1. Are there any wonderful, special traits or habits that you would like your cat’s new family to know about?

______________________________________________________________________________

______________________________________________________________________________

Thank you for your time!