



### 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.

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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.) \_\_\_\_\_

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9. If litterbox issues have been a problem with your cat, please describe the measures that were taken to correct this problem? \_\_\_\_\_

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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?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Jumps on counters    | <input type="checkbox"/> Scratches furniture       | <input type="checkbox"/> Chews plants      |
| <input type="checkbox"/> Climbs curtains      | <input type="checkbox"/> Gets into garbage         | <input type="checkbox"/> Vocalizes often   |
| <input type="checkbox"/> Chews personal items | <input type="checkbox"/> Scratching doors/cabinets | <input type="checkbox"/> Darting out doors |

3. What characteristics/personality traits does your cat display?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> More like a dog |
| <input type="checkbox"/> Playful            | <input type="checkbox"/> Active               | <input type="checkbox"/> Affectionate    |
| <input type="checkbox"/> Shy to family      | <input type="checkbox"/> Shy with visitors    | <input type="checkbox"/> Quiet           |
| <input type="checkbox"/> Fearful            | <input type="checkbox"/> Fearless             | <input type="checkbox"/> Lap cat         |
| <input type="checkbox"/> Talkative          | <input type="checkbox"/> Aloof                | <input type="checkbox"/> 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:

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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 \_\_\_\_\_

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

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**Last Notes**

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

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*Thank you for your time!*