

OWNER SURRENDER: CAT



Today's Date: _____ Cat's Name: _____ Intake # _____

Age: _____ Breed: _____ Sex: _____

Spayed/Neutered? Yes No Declawed? Front Back Both Not declawed

Microchipped? Yes If yes, # _____ No

Why are you surrendering this cat? (Please provide as much information as you can.)

How long have you owned the cat? _____ How many homes has the cat had? _____

Where did you get the cat? _____

Has the cat scratched or bitten a person in the last ten (10) days? Yes No

If yes, who was bitten: _____ Date of bite: _____ In what city? _____

Has the cat ever: Bitten Scratched Lunged or attacked None of these

If yes, did a bite break the skin? Yes No Was Animal Control involved? Yes No

Please explain the circumstances: _____

The cat's veterinarian: _____ City & State _____ Phone: _____

Is the cat current on vaccinations? Yes No

Please list any past or present injuries, treatments or other medical history:

Check all of the following that describe the cat:

- | | | | | | |
|--------------------------------------|--|--|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Very active | <input type="checkbox"/> Couch potato | <input type="checkbox"/> Talkative | <input type="checkbox"/> Quiet | <input type="checkbox"/> Playful | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Hunts birds | <input type="checkbox"/> Shy | <input type="checkbox"/> Likes to be touched | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Fearful | |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Scaredy cat | <input type="checkbox"/> Good mouser | <input type="checkbox"/> Indoor cat | <input type="checkbox"/> Outdoor cat | |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Litterbox-trained | <input type="checkbox"/> Easy to pick up | <input type="checkbox"/> Likes men | <input type="checkbox"/> Likes women | |

Has the cat lived with children? Yes No If so, what ages: _____

Would you recommend your cat live with children in the future? Yes No

Has the cat lived with other cats? Yes No

Would you recommend your cat live with other cats in the future? Yes No

Has the cat lived with dogs? Yes No

Would you recommend your cat live with dogs in the future? Yes No

What are the cat's favorite activities or objects? _____

What does the cat dislike or fear? _____

PLEASE CONTINUE TO THE OTHER SIDE >>>

