

## Feline Surrender Profile

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Cat's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? yes \_\_\_ no \_\_\_ De-clawed? yes \_\_\_ no \_\_\_

Where did you acquire the cat? \_\_\_\_\_

How old was the cat when you acquired him/her? \_\_\_\_\_

How long has this cat lived with you? \_\_\_\_\_

Has your cat visited a veterinarian? \_\_\_\_\_ 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 \_\_\_

Has your cat been declawed? yes \_\_\_ no \_\_\_

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 to the shelter? (circle all that apply)

Behavioral problems

Time commitment

Family Issues

Health Issues (yours or cats)

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, behavioral help etc.) 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, what how does he/she act? \_\_\_\_\_

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Where does the 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 \_\_\_

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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 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? \_\_\_\_\_

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Does your cat scratch on your furniture or carpeting? 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 \_\_\_

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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 \_\_\_

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What type of litterbox 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 \_\_\_ other \_\_\_\_\_

Does your cat ever eliminate outside the litterbox? 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? \_\_\_\_\_

If so, did they find a medical reason for the issue? yes \_\_\_ no \_\_\_ If yes, did treatment resolve the issue? yes \_\_\_ no \_\_\_

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What kind of food does your cat eat? \_\_\_\_\_

Feeding: Dry food: once daily \_\_\_ twice daily \_\_\_ free feed \_\_\_ never \_\_\_

Canned food: once daily \_\_\_ twice daily \_\_\_ free feed \_\_\_ never \_\_\_

Does your cat have any medical problems? no \_\_\_ yes \_\_\_ Describe: \_\_\_\_\_

Is your cat currently on any medications or special diets? no \_\_\_ yes (what) \_\_\_\_\_

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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? \_\_\_\_\_

**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 \_\_\_\_\_

**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 anything else you would like to tell us about your cat please do so below.**