Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out this form to the best of your ability. Your **honest** answers will help us get

to know the animal’s background and provide much-needed information so that we can

best match his/her new home to the animal’s personality and needs.

**Owner Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Information - General**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Short Medium Long Hair Age: \_\_\_\_\_ Color(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My cat is a  Male  Female and is  Neutered  Spayed  Not fixed and has a  microchip  tattoo  none

Has this cat bitten anyone in the last 10 days?  Yes  No If yes, on what date? \_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you acquire your cat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If other rescue/shelter, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this cat lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How many homes has this cat had prior to you? \_\_\_\_\_\_\_\_\_\_\_\_
If cat had other previous homes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you surrendering the cat? Check all the apply:

 Behavioral problems (please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Health issues, yours or the cat’s (please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 Family Issues

 Time commitment

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Information - Medical**

Please list any Veterinarian offices this cat has been to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Could this cat be listed under any other Cat Name or Owner Name? If so, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this cat ever received any vaccinations?  Yes  No Approx date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Is your cat currently on flea/tick/heartworm prevention?  Yes  No If so, date of last dose:\_\_\_\_\_\_\_\_\_\_

Does this cat have any medical issues?  No  Yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this cat take regular medication?  No  Yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What food does this cat typically eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite treats/food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Information – Behavioral**

What other animals has your cat lived with? Dogs Cats Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your cat interact with other cats? Playful Tolerant Avoids Aggressive Fearful

How does your cat interact with dogs? Playful Tolerant Avoids Aggressive Fearful

Would you recommend placing this cat in a home with dogs? NO YES

Would you recommend placing this cat in a home with cats? NO YES

Would you recommend placing this cat in a home with kids? NO YES (circle one: 0-4 yrs 5-8yrs 9+yrs)

Does your cat have any of the following behavioral issues? **Please explain each issue.** Please be honest so we know what to work with.

 Inappropriate urinating/defecating, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If so, how often?  Daily  Weekly  Occasionally

 Biting, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Aggression, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Severe fear (of loud noises, objects, people), explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My cat has none of these issues.

Does your cat ever eliminate outside the litter box? Yes No If yes: Urine only Feces only Both

Where does your cat 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

What have you tried to help the inappropriate elimination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your cat ever hissed/growled at you or anyone else? No  Yes, explain situation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your cat ever swatted at you or anyone else? No  Yes, explain situation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your cat ever bitten (broken skin) you or anyone else? No  Yes, explain situation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your cat’s personality (check all that apply):

 Friendly  Shy  Independent  Fearful  Playful  Affectionate  Aloof  High energy  Aggressive

Is there anything your cat is afraid of?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your cat sensitive about handled (i.e., ears, feet, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does the cat spend most of their time?  Inside  Outside  Inside/outside

When inside, where does your cat spend most of their time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your cat like to be picked up?  Yes  No

**Animal Information – Behavior, cont’d**

Does your cat like to be petted?  Yes  No

Does your cat like to sit on your lap?  Yes  No

What does the cat do when it’s had enough petting?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does the cat do when it does not want to be picked up?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does he/she do when uncomfortable? squirm run away hiss swat at scratch bite

What does your cat do if a visitor comes over? hide greet them watch from a distance show aggression

Has your cat lived with children or are they regularly around them?  No  Yes, what ages?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your cat’s behavior with children?:

 Avoids Children Nervous/Frightened Unpredictable Aggressive Indifferent Gentle Friendly/Playful Excited Can play too rough No different than adults

Does your cat use a litter box?  No  Sometimes  Yes If yes, what type? Uncovered Covered

What type of litter do you use? Clumping Clay Shavings Pellets

What type of food does your cat eat?  Dry  Wet  Both Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often?  Once a day  Twice a day  Free feed  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your cat’s favorite game or toy?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your cat’s best quality?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your cat’s worst quality?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT – PLEASE READ:**

**If this animal is deemed *not* adoptable by shelter staff, and at risk of euthanasia, I would be willing to take animal back. If yes, I understand that shelter staff will attempt contact with me, and can hold animal for no longer than 24 hours from attempted contact.** [ ]  **YES, PLEASE CONTACT ME.** [ ]  **NO, I DO NOT WISH TO BE CONTACTED.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby release the above animal to Josephine County Animal Protection & Regulation. I certify that I am the sole owner of this animal (or that I am authorized by the owner to act in his/her behalf). I understand that Josephine County Animal Protection & Regulation may offer this animal for adoption or may euthanize the animal at their sole discretion and in accordance with Oregon state law. I assume complete responsibility, and release and hold harmless, Josephine County Animal Protection & Regulation, its employees, and Josephine County from any and all liability relating to the disposition of this animal and the decisions made thereto. I acknowledge any knowingly false statement herein might subject me to criminal sanctions per ORS 162.085.**

**Owner Signature\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Shelter Staff\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

Revised Jul 2018