



OWNER SURRENDER FORM - FELINE



This box for SHELTER STAFF: Vet Contacted? Notes: _____
 Checked for duplicates Complete? If not, assist Signatures

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? _____

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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

Does your cat like to be petted? Yes No

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Animal Information – Behavior, cont'd

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?: _____

Is there anything else you'd like us to know?: _____

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 ____/____/____