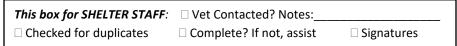


OWNER SURRENDER FORM - FELINE





Owner Information	Diverse (All Diverse (,
	Phone: ()		
Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Driver's License #:	Exp Date:		
Animal Information - Genera	ıl		
Name:	Short Medium Long Hair	Age: Color	(s):
My cat is a □ Male □ Female a	and is □ Neutered □ Spayed □ Not fixed	d and has a 🗆 microc	hip □ tattoo □ none
Has this cat bitten anyone in the la	ast 10 days? \Box Yes \Box No If yes, o	on what date?	
Where did you acquire your cat?	If other rescue/	/shelter, please list:	
	ou?How many homes h		
Why are you surrendering the cat?	?:		
Check all the apply:			
	ease explain:		
	he cat's (please explain:)
☐ Family Issues			
☐ Time commitment ☐ Other:			
U Other.			
Animal Information - Medica			

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?		

OWNER SURRENDER FORM - FELINE

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
Mayld you recommend pleasing this act in a home with deca?
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)? \Box Yes \Box 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:
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

OWNER SURRENDER FORM - FELINE

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 <i>not</i> 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,		
Owner Signature		
Shelter Staff Date		