

FELINE SURRENDER PROFILE

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? _____
Why are you surrendering your cat? _____
What other rehoming options have you tried before bringing your cat to HCAS _____

PERSONALITY

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.

TIME

Where does the cat spend most of his/her time? Inside ___ Outside ___ Inside/Outside ___

When inside, where does your cat spend most of the time?

If your cat goes outside, does he/she: stay close to the house ___ wander off ___ fight with other cats ___

PEOPLE

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 doesn't want to be picked up? _____

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? _____

OTHER ANIMALS

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 ___



FELINE SURRENDER PROFILE CONTINUED

LITTERBOX

What type of litterbox do you have? 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 ___ 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 ___

What have you tried to help the inappropriate elimination?

MEDS/FOOD

Does your cat have any medical problems? No ___ Yes ___ Describe: _____

Is your cat currently on any medications or special diets? No ___ Yes (what) _____

Feeding: Dry food: once daily ___ twice daily ___ free feed ___ never ___

Canned food: once daily ___ twice daily ___ free feed ___ never ___

PLAY

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? _____

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.

Owner Contact Information:

Name: _____

Address: _____

Contact Number: _____

Email: _____

Best way and best time to contact you: _____

Pictures of animal provided Yes No

