



For Office Use only:
Animal Number:

Feline Surrender Profile

Your Cat's Name: _____ Sex (please circle): Male Female
Color: _____ Age: _____ Declawed? Yes ___ No ___
Is your cat microchipped? Yes ___ No ___ Is your cat spayed or neutered? _____ If, yes. Date: _____
Who is your veterinarian? _____
Where did you acquire your cat? _____
How old was your cat when you acquired him/her? _____ How long has he/she lived with you? _____
Why are you surrendering your cat to the shelter? _____

Circle 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: _____

Where does your cat spend most of his 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? ___

Does your cat like to sit in 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 to be picked up? Yes ___ No ___ What does he / she do if he / she does not 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 toward: Family members ___ Visitors ___
If yes, what does he / she do? Hiss ___ Swat at ___ Scratch ___ Bite ___
What do you do if your cat becomes aggressive? _____

What other animals has your cat lived with? Dogs ___ Cats ___ Other ___
How did your cat interact with other cat(s)? Playful ___ Tolerant ___ Avoidance ___ Aggressive ___ Fearful ___
How did your cat interact with dogs? Playful ___ Tolerant ___ Avoidance ___ Aggressive ___ Fearful ___

What type of litterbox do you have? Uncovered ___ Covered ___ Other ___ How many boxes do you have? _____
Where are they located? _____ What type of litter do you use? Clay ___ Clumping ___ Shavings ___ Other ___
Does your cat eliminate outside the litterbox? Yes ___ No ___ Urinate ___ Defecate ___ Both ___
How frequently? Daily ___ Weekly ___ Once in awhile ___
Where does he / she eliminate if not in the litterbox? _____
How long has your cat been inappropriately eliminating outside the litterbox? _____
If urinating outside the litterbox, is he / she spraying? (urine found on vertical surfaces) Yes ___ No ___
What have you tried to help the inappropriate elimination? _____



Does your cat have any medical problems? Yes _____ No _____ If yes, please describe _____

Is your cat currently on medications or a special diet? Yes _____ No _____ If yes, please explain _____

Feeding: Dry food: Once daily _____ Twice daily _____ Free food _____ Never _____ What brand? _____

Canned food: Once daily _____ Twice daily _____ Free food _____ Never _____ What brand? _____

Does your cat like to play? Yes _____ No _____ If yes, what is his /her favorite toy? _____

What is your cat's best quality? _____

What is your cat's worst quality? _____

Where does this cat sharpen his / her nails? Sofa _____ Scratching post _____ Rug _____ Other _____

Where does this cat like to sleep? Sofa _____ Chair _____ Bed _____ Cat bed _____ Other _____

How do you describe your household? Active _____ Noisy _____ Average _____ Quiet _____

Does this cat do any of the following?

Jump on counters or tables _____ Climb on curtains _____ Hiss, bite or nip _____ Exhibit fearfulness or shyness _____

Any other behavior issues? _____

Revised 04/07/2021

STAFF USE ONLY:

Reviewed by: _____ Date: _____

Counseled about alternatives: _____