

Date: _____

FELINE SURRENDER PROFILE

Animal ID# _____

Please take as much time as you need to fill out this form as accurately and honestly as possible. This information will help us match the cat with his/her new adopter. The more information you are able to provide, the quicker the cat will probably be adopted. Please refrain from using vulgar, prejudicial or offensive verbiage. Any dishonest or false information can lead to the new owner returning their new cat! Thank you.

PLEASE PRINT CLEARLY!

Reason for surrender: _____

Cat's name: _____

Vaccinated within the past year?

Yes No

Age: _____

Spayed/neutered?

How long have you owned the cat? _____

Is the cat tattooed or microchipped ?

1. Where did you get the cat?

This facility Other shelter Breeder Pet store Newspaper Friend Found

Other: _____

2. Please list the ages and sex of the people this cat has lived with: _____

3. Please tell us what other animal(s) the cat has lived with: (check all that apply)

Male cat(s) un-neutered # _____

Female cat(s) un-spayed # _____

Dogs # _____

Male cat(s) neutered # _____

Female cat(s) spayed # _____

Other _____

Never lived with other animals

How does the cat respond to the other animals in the house? _____

Do you think the cat is OK or would be OK with children? _____

TEMPERAMENT

1. How does the cat react to the following situations?

	Enjoys	Tolerates	Reacts defensively or aggressively
Being pet or handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being brushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having nails trimmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being picked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a veterinarian's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a place the cat does not like to be touched? No Yes Where? _____

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2. Has the cat ever: (check all that apply)

Bitten Scratched Other: _____

If yes, what was taking place when the incident occurred? _____

BEHAVIOR

1. Does the cat **always** use the litterbox? Yes No

If no, how often does the cat NOT use the litterbox?

Daily Weekly Monthly Other: _____

2. What type of litter does the cat use?

Clay Scoopable Clumping Crystal Other: _____

3. How many litterboxes are available? One Two Three More than Three

How often are the litterboxes cleaned? Daily Every other day Weekly Other _____

Is the litterbox open or covered (circle one) Where is the litterbox located? _____

4. Does the cat:	Yes	No		Yes	No
Scratch furniture	<input type="checkbox"/>	<input type="checkbox"/>	Is a scratching post provided?	<input type="checkbox"/>	<input type="checkbox"/>
Destroy house plants	<input type="checkbox"/>	<input type="checkbox"/>	Does the cat use a scratching post?	<input type="checkbox"/>	<input type="checkbox"/>
Urine mark (spray)	<input type="checkbox"/>	<input type="checkbox"/>	Does the cat play with toys?	<input type="checkbox"/>	<input type="checkbox"/>
Go outside	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____		
			Do you play with the cat?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CARE

1. Is the cat declawed? Yes No If yes: 2 Feet 4 Feet

2. What kind of food does the cat eat? Dry Canned Both

What brand of food does the cat eat? _____

4. What veterinarian do you take the cat to? _____

5. When was the last time the cat was to the vet? _____

6. Did you bring your cat's medical records? Yes No

7. Does your cat have any medical problems the SPCA should be aware of? Yes No

If yes, please explain: _____

Please list any other pertinent information regarding the cat: _____

What would need to happen for you to keep the cat in your household?

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