



Cat Surrender Intake Questionnaire

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? _____

How does your cat behave at the veterinarian? _____

Has your cat been tested for FIV/FelV within the past 6 months? yes ___ result ___ no ___ unsure ___

Has your cat been declawed? yes ___ no ___

How does your cat react to being placed inside a cat carrier? _____

How does your cat react to being in the car? _____

Why are you surrendering your cat to the shelter? (circle all that apply)

Behavioral problems

Time commitment

Family Issues

Health Issues (yours or cats)

Other

Please explain why you need to relinquish your cat _____

If we were able to provide you with a solution for the issue that is causing you to surrender your cat (free food, low cost veterinary care, behavioral help, etc.), would you consider keeping your cat? yes ___ no ___

Check all that apply to describe your cat's personality:

friendly ___ shy ___ independent ___ fearful ___ playful ___ affectionate ___ aloof ___ aggressive ___ vocal ___

Describe your cat's personality _____

Does your cat like to spend time with the family? yes ___ or is he/she more of a loner? ___

Is your cat slow to acclimate to new things (i.e. visitors, noises, new pets, etc.) yes ___ no ___

If yes, how does he/she act?

Where does the cat spend most of his/her time? inside ___ outside ___

Where does your cat like to spend time when inside? _____

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 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 is picked up when not in mood? _____

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? _____

Does your cat scratch on your furniture or carpeting? yes ___ no ___

Do you have a scratching post for your cat? yes ___ no ___

Does your cat use the scratching post? yes ___ no ___

If so, which kind does he/she prefer? vertical ___ horizontal ___ cardboard ___ carpeting ___ rope ___ wood ___

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 ___

What type of litterbox do you use? 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 ___ If yes: 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 ___ unsure ___

Have you ever taken your cat to the vet for inappropriate elimination?

If so, did they find a medical reason for the issue? yes ___ no ___ If yes, did treatment resolve the issue? yes ___ no ___

What brand of food does your cat eat? _____

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

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

Does your cat have any medical problems? no ___ yes ___ Describe: _____

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

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? _____

By signing below, you acknowledge that the provided information is true to the best of your knowledge.

Your Signature _____

Your Printed Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____

Email _____

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. If there is anything else that you would like to tell us about your cat, please do so below.