## Owner Surrender Cat Profile



The following animal profile will give us a better understanding of your dog's behavior in certain situations. By answering these questions you can help us place him/ her with the best new family.

Please be open and honest with your answers.

This profile does not guarantee that your pet will go into the adoption program.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

| Signature           | Date     |
|---------------------|----------|
| Print Name          | _        |
| Phone Number        | _        |
| Email               |          |
|                     |          |
| Animal ID#          |          |
| Front Desk Initials | <u> </u> |
| E-room Initials     |          |

| History  |   |              |                     |                  |             |  |  |
|----------|---|--------------|---------------------|------------------|-------------|--|--|
| 1        | Why are you surrendering this cat?                            | )            |                     |                  |             |  |  |
| 2.       | , ,   |              | Yes                 | Unsure           | No          |  |  |
| 3.       |   | Fr           | ont only            | All four         | No          |  |  |
|          | How long have you owned this cat                              |              | •                   |                  |             |  |  |
|          | Is your cat litterbox trained?                                | •            | Yes                 |                  | No          |  |  |
| -        | If yes, what kind of litter do yo                             | u use?       |                     |                  |             |  |  |
| 6.       |   |              | Yes (see back s     | side of form)    | No          |  |  |
|          | Where does this cat live?                                     |              | Inside              | Outside          | Both        |  |  |
| 8.       | Has this cat regularly been around                            | children?    | Yes                 |                  | No          |  |  |
|          | If yes, what ages?  |              |                     |                  |             |  |  |
| 9.       | Has this cat ever bitten a person ar                          | nd drawn blo | ood?                |                  |             |  |  |
|          | Yes (How long ago?)   |              |                     |                  | No          |  |  |
| Medical  |   |              |                     |                  |             |  |  |
| 1.       | Has this cat been tested for Feline                           | Leukemia?    | Yes                 |                  | No          |  |  |
|          | If yes, what were the results?                                |              | Negative            |                  | Positiv     |  |  |
| 2.       | Has this cat been tested for FIV?                             |              | Yes                 |                  | No          |  |  |
|          | If yes, what were the results?                                |              | Negative            |                  | Positiv     |  |  |
| 3.       | Has this cat ever had surgery?                                | Yes          | _                   |                  | No          |  |  |
|          | Has this cat ever been diagnosed o                            |              |                     |                  |             |  |  |
|          | Upper Respiratory Infection                                   | Allergies    | Heart murmur        | Tumo             | ors         |  |  |
|          | Epilepsy/ seizures Organ Failure                              | Diabetes     | Thyroid disease     | Urinary trac     | t infection |  |  |
|          | None Other  |              |                     |                  |             |  |  |
| Behavior |   |              |                     |                  |             |  |  |
| 1.       | If this cat lived with children under                         | ten, how di  | id they interact?   |                  |             |  |  |
|          | N/A cat avoids child  | both playe   | ed together Cat his | sed/ growled a   | t child     |  |  |
|          | Ignored each other mutua                                      | I adoration  |                     |                  |             |  |  |
| 2.       | If this cat has lived with other cats, how did they interact? |              |                     |                  |             |  |  |
| 3.       |   |              |                     |                  |             |  |  |
| 4.       |   |              |                     |                  |             |  |  |
| 5.       |   |              |                     |                  |             |  |  |
|          | Yes   |              |                     |                  | No          |  |  |
| 6.       | Is there anything else we should kr                           | now about t  | his cat?            |                  |             |  |  |
| Thank vo | u for your open and honest answers                            | . Please let | the desk staff know | if you would lil | ke to heln  |  |  |
| -        | nany homeless animals in our care b                           |              |                     | •                | •           |  |  |

Cat Owner Surrender Profile

A#\_\_\_\_\_

| Cat  | Owner   | Surran | dar | Drofila |
|------|---------|--------|-----|---------|
| L.al | COVIDEI | Surren | uei | FIUILIE |

| A# |  |  |  |  |
|----|--|--|--|--|
|    |  |  |  |  |

If your cat has a history of not using the litterbox or has been having accidents, please fill out the following:

|    | How long have the litterbox problems been occurring?   |      |  |  |  |  |
|----|--|------|--|--|--|--|
|    | Urine Stool  | Both |  |  |  |  |
| 3. | 3. Have medical causes been ruled out by a veterinarian? Yes No.                                 |      |  |  |  |  |
| 4. | . Did any major changes occur around the time that your cat started having litterbox issues (ex: |      |  |  |  |  |
|    | new baby, moving, changed location of litterbox, etc.)?  |      |  |  |  |  |
|    | Yes  | No   |  |  |  |  |
| 5. | . How many litterboxes do you have in your home?   |      |  |  |  |  |
| 6. | Where are the litterboxes located?   |      |  |  |  |  |
| 7. | How many cats live in your household (including this one)?                                       |      |  |  |  |  |
| 8. | . Where/ on what in the house did the accidents tend to occur?                                   |      |  |  |  |  |