

**Surrender Profile Questionnaire - Cat**

Date: \_\_\_\_\_

Office use only:	
Attending Kennel Attendant: _____	Initial Assessment Completed: Passed <input type="checkbox"/> Failed <input type="checkbox"/>

**General Information: Person ID#:** \_\_\_\_\_

Owners Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email address: \_\_\_\_\_

**Animal Information: Animal ID#:** \_\_\_\_\_

Cats Name: _____	Age: _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Breed: _____
Your cat is: Spayed or Neutered (fixed)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Microchipped? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your cat is female and not spayed, when was her last heat cycle? _____	Has the cat ever been bred? Yes <input type="checkbox"/> No <input type="checkbox"/>
Declawed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last time the cat was at the vet: _____
Current Veterinarian: _____	Do you have medical records from the vet? Yes <input type="checkbox"/> No <input type="checkbox"/>
Up to date on vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the cat have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the cat ever had an allergic reaction to vaccines in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the cat ever been medically/surgically treated? Yes <input type="checkbox"/> No <input type="checkbox"/>
What brand of food are you currently feeding the cat? _____	If yes, please specify _____ _____ _____
Dry kibble <input type="checkbox"/> Wet food <input type="checkbox"/> Both <input type="checkbox"/>	

**Household History**

1. Where did you originally get your cat from? \_\_\_\_\_
2. How many years have you had the cat? \_\_\_\_\_
3. How many owners has this cat had? \_\_\_\_\_
4. Why are you turning this cat over to the shelter?  
\_\_\_\_\_  
\_\_\_\_\_
5. The cats behaviour most of the time is (*Check all that apply*) :  
 Active  Playful  Destructive  Lazy  
 Friendly to all  Affectionate  Friendly to family only  Aggressive  
 Quiet/ Shy  Other \_\_\_\_\_
6. The Cat (*Check all that apply*) :  
 Likes to snuggle/Sits on laps  Likes to be held  
 Pounces unexpectedly at ankles/feet  Is annoyed when petted  
 Scratches furniture  Likes to be brushed/groomed  
 Is afraid of: \_\_\_\_\_
7. Has your cat ever nipped, mouthed, bruised, attacked, or scratched with its teeth?  Yes  No
8. Has your cat lived with (*Check all that apply*) :  Other Cats  Dogs  Kids  Other \_\_\_\_\_
9. Does your cat get along with all of the above? \_\_\_\_\_
10. Does your cat ever get/have hairballs?  Yes  No
11. Does your cat like to get their nails cut?  Yes  No  
If not, what do they do when you try to cut them? \_\_\_\_\_
12. Your cat has lived:  Indoors only  Outdoors only  Both inside and outside
13. What kind of litter does your cat use?  Clumping  Non-Clumping  Other \_\_\_\_\_
14. What kind of litterbox is your cat used to?  Open Litterbox  Closed litterbox with a lid
15. Does the cat use the litterbox?  Always  Sometimes  Never
16. How often is the litterbox changed? \_\_\_\_\_
17. When the cat eliminates outside of the box, does he/she:  
 Urinate  Defecate  Spray Other: \_\_\_\_\_
18. Where does the cat have accidents? \_\_\_\_\_
19. How long has it been occurring? \_\_\_\_\_

20. Has the cat been to the Vet for this problem?  Yes  No

21. If so, what was the outcome? \_\_\_\_\_

22. Other helpful information about your cat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_