



Cat surrender form

We know the decision to give a pet to the shelter is never easy. One of the best things you can do for your cat is give us as much detail as possible on this form so we can find the best possible match for its new forever home.

Shelter's use only

Surrender date: _____

Animal number: _____

Uploaded by: _____

Animal information

Cat's name: _____ ☐ Male ☐ Female

Spayed/Neutered ☐ I don't know

Is the cat declawed? ☐ Yes ☐ No

Age (a guess is OK): _____

How long did you have the cat? _____

Where did you get your cat? _____

Parting with the cat

Why are you giving your cat to the shelter?

Why did you choose our shelter? _____

Is there anything we could do to help the pet stay in your home (i.e., training, food, low-cost care)?

Would it be OK for the new owner to contact you with questions? ☐ Yes ☐ No

If yes, how would you like them to contact you? ☐ Phone ☐ Email

Your cat's living situation

My cat is: ☐ Strictly indoors ☐ Strictly outdoors ☐ Indoor/outdoor

Comments: _____

☐ Is litterbox trained

☐ Goes to the bathroom inside

☐ Goes to the bathroom outside

☐ Has accidents sometimes

Likes this litter: _____ Comments: _____

My cat has shared a house with:

☐ Cats

☐ Kids 11-18

☐ Dogs

☐ Adults

☐ Caged birds

☐ Other: _____

☐ Kids 0-10

Comments: _____

My cat eats: ☐ Wet food ☐ Dry food ☐ Has a special diet

Comments: _____

Your cat's behavior and personality

Cat's favorite toys? _____

Has this cat ever shown aggression to people? ☐ Yes ☐ No

If yes, explain: _____

Has this cat ever shown aggression to other animals? ☐ Yes ☐ No

If yes, explain: _____

Please check as many of the following boxes that describe your cat's behavior and habits:

<input type="checkbox"/> Meows a lot	<input type="checkbox"/> Likes being held	<input type="checkbox"/> Calm
<input type="checkbox"/> Rides well in cars	<input type="checkbox"/> Outgoing/friendly	<input type="checkbox"/> Chews playfully
<input type="checkbox"/> Fights with cats	<input type="checkbox"/> Feisty	<input type="checkbox"/> Anxious/nervous
<input type="checkbox"/> Walks on leash	<input type="checkbox"/> Active	<input type="checkbox"/> Dislikes children
<input type="checkbox"/> Reserved	<input type="checkbox"/> Scratches furniture	<input type="checkbox"/> Drools
<input type="checkbox"/> Independent	<input type="checkbox"/> Lap cat	<input type="checkbox"/> Shy with children
<input type="checkbox"/> Uses scratching post	<input type="checkbox"/> Like being groomed	<input type="checkbox"/> Hides from people
<input type="checkbox"/> Bites playfully	<input type="checkbox"/> Dislikes dogs	<input type="checkbox"/> Likes food
<input type="checkbox"/> Hunts rodents/birds	<input type="checkbox"/> Playful	<input type="checkbox"/> Other:

Your cat's medical information

Has your cat been vaccinated in the last year? ☐ Yes ☐ No

Do you have a veterinarian? ☐ Yes ☐ No

When was the last time the cat went to the veterinarian? What veterinary clinic do you use?

Does your cat have any known medical issues? Do you have concerns about your cat's health?

Is there anything else we should know about your cat?
