



Animal #: \_\_\_\_\_

Owner/Guardian Surrender  
Feline History Report

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weeks/ Months/ Years

How long have you had your cat? \_\_\_\_\_

Sex: M F Spayed or Neutered? Yes No Declawed ( Front / Back / Both)

**Why are you surrendering your cat today? (Check all that apply)**

- Allergies
- New Baby
- Not Using Litter Box
- Not getting along with other people (please list): \_\_\_\_\_
- Not getting along with other (please list): \_\_\_\_\_
- Biting/scratching:
  - Do the bites/scratches draw blood? Yes No
  - Why does the cat bite/ scratch? \_\_\_\_\_
- Behavior Issues (please list): \_\_\_\_\_
- Other: \_\_\_\_\_

**How did you get your cat?**

- Friend, neighbor, or family member
- Newspaper Ad
- Free
- Pet Store
- Breeder
- Born at home
- Stray
- Gift
- Other

**Why did you get your cat?**

- For myself
- For a family member
- For another pet
- Unwanted gift
- As a mouser
- Rescued as stray
- Other: \_\_\_\_\_

**Housing**

If this is an indoor cat, do you keep your cat out of certain rooms?  Yes  No

Please explain why: \_\_\_\_\_

**Where does your cat sleep at night?**

Inside: Where? \_\_\_\_\_

Outside: Where? \_\_\_\_\_

**Veterinary Records**

Who is your primary veterinarian? \_\_\_\_\_

When was the last time your cat was at the veterinarian? \_\_\_\_\_

Are your cat's vaccines current?  Yes  No

Does your cat have health problems?  Yes  No

If yes please explain: \_\_\_\_\_

### Feeding

#### What type of food does your cat eat and how often?

How often:  Once daily  Twice daily  Free fed

Type:  Canned food  Dry food  Both  Special diet: \_\_\_\_\_

Does your cat have any favorite treats? \_\_\_\_\_

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### Behavior

#### What does your cat like to scratch on?

Carpet  Upholstery  Cardboard  Wood  Horizontal/ flat surfaces  
 Slanted/ on angle  Vertical/ Upright surfaces  Other: \_\_\_\_\_

How often do you play with your cat?  Daily  Few times per week  No regular play time

#### What does your cat play with?

String  Cat toys  Feathers  Balls  Bugs, birds, mice, etc  
 Other: \_\_\_\_\_

#### Is your cat's play style:

Gentle as a lamb  Middle of the road  Rough & tumble  Not interested in play

#### Does your cat have any areas it doesn't like to be touched?

Back  Tail  Feet  Ears  Neck  Face  Abdomen  Other: \_\_\_\_\_

#### If you have disciplined your cat, what methods did you use?

Yelling  Hitting  Throw something  Squirt Bottle  
 Put Outside  Put in another  Other: \_\_\_\_\_

#### How does your cat behave with:

*Kids:*  Friendly  Playful  Shy/Fearful  Protective  Aggressive  
*Adults:*  Friendly  Playful  Shy/Fearful  Protective  Aggressive  
*Animals:*  Friendly  Playful  Shy/Fearful  Protective  Aggressive

#### Is your cat scared of:

Men  Women  Children  Strangers  Cat carriers  
 Going to the vet  Going in the car  Loud noises  
 Nail clipping  Bathing  Brushing  
 Other animals: \_\_\_\_\_  
 Other: \_\_\_\_\_

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### Litter Box Information

Number of cats in your home: \_\_\_\_\_ Number of litter boxes your home: \_\_\_\_\_

How old are your litter boxes?  1 month  6 months  1 year  more than 1 year

**What is the size and type of litter box you use?**

Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

- Uncovered       Covered       Electronic litter box  
 Rolling litter box       Baby pool       Other: \_\_\_\_\_

**Type of litter and depth:**

- Clay       Scoop-able       Crystals or pearls       Sand  
 Newspaper       Scented       Unscented       Other: \_\_\_\_\_  
 1-2 inches       2-3 inches       3-4 inches       Greater than 4 inches

**The litter box is:**

- Scooped:*  Daily       Weekly       Monthly       When it smells bad  
 When my cat stops using it  
*Dumped:*  Daily       Weekly       Monthly       When my cat stops using it       Never  
*Cleaned:*  Daily       Weekly       Monthly       When my cat stops using it       Never

**What do you use to clean the litter box (bleach, pine sol, etc.?)** \_\_\_\_\_

**Where is the litter box located?**

- First floor       Second floor       Basement       Bedroom       Living Room  
 Kitchen       Bathroom       Laundry area       Near a wall       In a corner  
 Under Furniture       Behind furniture       Out in the open  
 In a closet       Other: \_\_\_\_\_

**Has your cat ever had an accident outside the litter box?**  Yes       No

**How often were these accidents?**

- Daily       A few times per week       Every couple of weeks  
 Once a month       Every couple of months       A few times per year  
 Once a year       Other: \_\_\_\_\_

**Has your cat ever seen a veterinarian for this problem?**  Yes       No

**Was the problem resolved?**

- Yes, no more accidents       Only occasional relapse       No, ongoing problem still

**Please take the time to complete the following questions.**

**What do you enjoy most about your cat?**

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**What would you change about your cat?**

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**Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.**

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**May we contact you for further information if it is needed?**  Yes  No