



Cat Surrender Profile

GENERAL INFORMATION

Intake Date: _____

Animal ID #: _____

Cat's Name: _____ Age: _____

Is your cat? Male Female Unknown

Is the cat spayed/neutered? Yes No Unknown

Does this cat have: Tattoo Microchip Not sure

Is this cat declawed? Front All 4 declawed Not declawed

If declawed, was it done As a kitten As an adult Acquired declawed

HISTORY

Why are you surrendering your cat? _____

How long have you owned your cat? _____

Including yours, how many homes has this cat had? _____

Where did you acquire this cat? From the ARL Another shelter _____

Found as a stray Free ad

Friend/relative Pet Store

Breeder Born in my home

Other _____

MEDICAL HISTORY

Does your cat have a Veterinarian? Yes No

If yes who is the Vet? _____

Has this cat been hit by a car or required other surgery? Yes No Not sure

If yes, please explain: _____

Does your cat have any other medical conditions? _____

PERSONALITY

Please describe your cat's activity level? Very active Moderately active Couch Potato

Is your cat? Friendly to family Friendly to visitors Both

Comments: _____

Or do you find your cat to be shy? Yes No Only shy with visitors

Is your cat talkative? Yes No

Does your cat like to purr? Yes No

On a scale please circle your cat's level of affection:

Very Affectionate-- 10 9 8 7 6 5 4 3 2 1 0 --Not Affectionate

Would you describe your cat as more social or more independent? Social Independent

Which does your cat prefer: sitting in your lap sitting next to you being in the same room none

Does your cat enjoy being held? Yes No

Some people describe their cats as behaving more like dogs. Is this true of your cat? Yes No

On a scale please describe you cat's level of fearfulness

Fearless-- 0 1 2 3 4 5 6 7 8 9 10 --Fearful

(Has no fear of anything)

(Afraid of everything)

Does your cat like to play? Yes No

If yes what is your cat's preferred toy? _____

When your cat is playing does he/she use claws? Yes No

Does he/she use teeth when playing? Yes No

Will your cat fetch items like bottle caps or toys? Yes No

Does your cat like to play in or around water? Yes No

Does your cat like to play "chase my ankles" and other similar games? Yes No

If your cat had a career what would it be? _____

LIFESTYLE & HOME LIFE

What would you consider the activity your household to be like?

A library

Middle of the road

A carnival

How many hours per day was the cat left alone?

More than 9 hours per day

4-8 hours per day

Less than 4 hours per day

Was the cat kept indoors only? Yes No

If no when was the cat let outside? All the time During the day Only at night Only in good weather

Had access to a cat door Only on a harness Barn cat (never let inside the home)

Where is your cat's favorite spot to be? (for example, the couch, the garden...)

Has this cat ever lived with other cats? Yes No Unsure

If yes how many other cats? _____

What were the sexes of the other cats? Male Female Both

Were the other cats spayed and or neutered? _____

Were these interactions mostly positive or negative? Positive Negative

Describe their interactions (circle all that apply)

Adored each other

Played together

Groomed each other

Slept near each other

Peacefully coexisted

Tolerated each other

Ignored each other

Fought *without* injuries

Fought *with* injuries

Caused this cat stress

Rough with others

Please provide any additional comments on you cat's interactions:

Has this cat ever lived with dogs? Yes No

If yes...what kind of dog was it? (large, medium or small breed)

If this cat lived with dogs, how did they interact? (circle all that apply)

Adored each other

Slept near each other

Avoided each other

Groomed each other

Cat rubbed on the dog

Played with each other

Peacefully coexisted

Fought *without* injuries

Fought *with* injuries

Dog chased cat

Cat tormented dog

Cat ran from dog

Sniffed noses

Ignored each other

Cat tolerated the dog

Other _____

Has the cat regularly been around children? Yes

No

Not sure

If yes, indicate what ages:

0-2 yrs. 2-5 yrs. 6-10 yrs.

11-18 yrs.

If this cat lived with children *under the age of 7*, how did they interact? (circle all that apply)

Cat actively avoided child

Child could pet the cat

Cat & child played together

Cat hissed or growled at child

Ignored each other

Mutual adoration

Other _____

Have the experiences with the cat and child(ren) always been positive?

Yes

No

If no, please explain _____

Please tell us some things you truly *love* about this cat!

Does the cat? (circle all that apply)

Jump on counters/tables

Scratch furniture

Chew Plants

Scratch doors/cabinets

Chew Personal items

Climb Curtains

Other _____

How did you attempt to correct this problem(s)? _____

DIET

What brand of food is your cat currently eating? _____

Are there other brands that the cat has enjoyed? _____

Does your cat eat?

Dry only

Canned only

Combination of dry & canned

People food _____

What type of treats does your cat enjoy? _____

How often is your cat fed?

Food always available

Designated mealtimes

If fed at designated mealtimes when was food provided? _____

LITTERBOX HABITS

We ask so many questions about litterbox use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavioral issues involved.

Did your cat have access to a litterbox in the house?	Yes	No	
If no, did your cat use the bathroom only outdoors?	Yes	No	
If yes, did your cat use the litterbox?	Yes	No	Sometimes

* If you answered no or sometimes please continue. If your cat used the litterbox you can stop here.

If sometimes, how often does the cat make mistakes? _____

Please describe the accidents: Urinates outside the box Urinates on
clothing/furniture

Defecates outside the box Sprays on walls/furniture

All of the above Other _____

How often was the litterbox scooped? Every day Every few days Weekly Rarely

Did the accidents occur when the box was left messy? Yes No

Where is the litterbox located? _____

What type(s) of litter was used? Unscented Scented Clumping Non-Clumping

Crystals Clay Pine Yesterday's News

Other _____

Are there other animals in your home? No Other Cats Dogs Birds Rodents

If other cats, how many shared a litterbox? One Two or more Many cats shared

Multiple boxes for multiple cats

If litterbox accidents were an issue, when did they begin? Past month Past year On-going

Can you pinpoint an event(s) that might have influenced or triggered inappropriate

litterbox use? (for example: new baby, move, new pet, any other major changes, cat is now indoor only)

Please describe what measures you have taken to correct this problem.

Have you tried multiple litter boxes? Yes No

Have you recently switched litter? Yes No

Has your cat been to the veterinarian to rule out infection or underlying health issues?

Yes No

If yes, what was the outcome? _____

Please feel free to use the back to add any additional comments about your feline friend. Thank you!