

GREATER HILLSDALE HUMANE SOCIETY

CAT SURRENDER RECORD

Name of Cat: _____ Age: _____ Date: _____

Completing this information will help us get to know the cat better

Reason for surrendering this cat: _____

How long have you had this cat? _____ Where did you get this cat? _____

Did you get your pet from a rescue or animal shelter? If so please list name here: _____

What veterinary hospital have you used? _____ May we contact them? Yes No

Cat is: Litter trained _____ Does the cat have inappropriate urination in the house? Yes No

If yes, does the cat? Urinate _____ Defecate _____ How often? _____

What type of litter did you use? Clumping _____ Non-clumping _____ Other _____ Brand? _____

What type of litter box? Covered _____ Uncovered _____

This cat lives: Exclusively indoors _____ Indoor/Outdoor _____ Exclusively outdoors _____

Where does the cat sleep at night? _____

Is this cat declawed? Yes No If yes then: Front only _____ All four _____

The cat's favorite toys and activities are: _____

Has this cat lived in the same house with: Other cats _____ Dogs _____ Birds _____ Other _____

Are there children in the home? Yes No If yes, how many? _____ Ages _____

Is this cat compatible with: Other cats _____ Dogs _____ Children _____ Other _____

Circle as many of the following that describes the cat's behavior and habits:

Lap Cat Likes being Groomed Likes being Held Friendly Walks on a Leash Playful Affectionate

Calm Independent Shy of Strangers Likes Treats Active Meows a lot Scratches Furniture

Fights with Cats Uses Scratching Post Scared of Dogs Claws/Bites Playfully Hunts Rodents/Birds

Anxious Fearful Likes Women Enjoys Cat Nip Likes Children Prefers a Quiet Home Likes Men

Has this cat ever shown signs of aggression? Yes No If yes? Biting _____ Nipping _____ Other _____

If yes, was the aggression provoked? _____

The cat's diet is: Wet _____ Dry _____ Semi-wet _____ Brand of food _____

The cat's feeding time is: A.M. _____ P.M. _____ Free feed throughout the day _____

Has the cat been vaccinated? Yes No When? _____

Has the cat been tested for Feline Leukemia? Yes No If yes, when? _____

Does this cat have any medical conditions that you are aware of? _____

Please list any medications he/she is currently taking: _____

What are some wonderful, special traits or habits that you would like his/her new family to know? _____

Office Use Only: Cat ID Number: _____ Cage Number: _____ Employee Initials: _____