



# HUMANE SOCIETY *of Washington County*

## FELINE SURRENDER PROFILE

DATE: \_\_\_\_\_

Please take as much time as you need to fill out this form as accurately and honestly as possible. This information will help us match the cat with his/her new adopter. The more information you are able to provide, the quicker the cat will probably be adopted. Please refrain from using vulgar, prejudicial or offensive verbiage. Any dishonest or false information can lead to the new owner returning their new cat! Thank you. PLEASE PRINT CLEARLY!

Reason for surrender: \_\_\_\_\_

Yes No Cat's name: \_\_\_\_\_ Vaccinated within the past year? Yes  No

Age: \_\_\_\_\_ Spayed/neutered? Yes  No

How long have you owned the cat? \_\_\_\_\_. Is the cat tattooed or microchipped? Yes  No

1. Where did you get the cat?

This facility       Other shelter       Breeder       Pet store       Newspaper

Friend       Found

Other: \_\_\_\_\_

2. Please list the ages and sex of the people this cat has lived with: \_\_\_\_\_  
\_\_\_\_\_

3. Please tell us what other animal(s) the cat has lived with: (check all that apply)

Male cat(s) un-neutered # \_\_\_\_\_  Female cat(s) un-spayed # \_\_\_\_\_  Dogs # \_\_\_\_\_

Male cat(s) neutered # \_\_\_\_\_  Female cat(s) spayed # \_\_\_\_\_  Other \_\_\_\_\_

Never lived with other animals

How does the cat respond to the other animals in the house? \_\_\_\_\_

Do you think the cat is OK or would be OK with children? \_\_\_\_\_

TEMPERAMENT

1. How does the cat react to the following situations? Enjoys Tolerates Reacts defensively or

	Enjoys	Tolerates	Reacts defensively or aggressively
Being petted or handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being brushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having nails trimmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being picked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a veterinarian's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a place the cat does not like to be touched? No Yes Where? \_\_\_\_\_

2. Has the cat ever: (check all that apply)

- Bitten
- Scratched
- Other: \_\_\_\_\_

If yes, what was taking place when the incident occurred?

\_\_\_\_\_

\_\_\_\_\_

BEHAVIOR

1. Does the cat always use the litterbox?  Yes  No  
 If no, how often does the cat NOT use the litterbox?  
 Daily     Weekly     Monthly  
 Other: \_\_\_\_\_

2. What type of litter does the cat use?  
 Clay     Scoopable     Clumping     Crystal  
 Other: \_\_\_\_\_

3. How many litterboxes are available?  
 One     Two     Three     More than Three  
 How often are the litter boxes cleaned?  
 Daily     every other day     Weekly     Other \_\_\_\_\_

Is the litterbox open or covered (circle one)

Where is the litterbox located? \_\_\_\_\_

4. Does the cat:

	Yes	No	Yes	No
Scratch furniture	<input type="checkbox"/>	<input type="checkbox"/>	Is a scratching post provided?	<input type="checkbox"/>
Destroy house plants	<input type="checkbox"/>	<input type="checkbox"/>	Does the cat use a scratching post?	<input type="checkbox"/>

	Yes	No	
Urine mark (spray)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the cat play with toys?	<input type="checkbox"/>	<input type="checkbox"/>	
Go outside	<input type="checkbox"/>	<input type="checkbox"/>	
Do you play with the cat?	<input type="checkbox"/>	<input type="checkbox"/>	What kind? _____

HEALTH CARE

1. Is the cat declawed?  Yes  No If yes:  2 Feet  4 Feet
2. What kind of food does the cat eat?  Dry  Canned  Both
3. What brand of food does the cat eat? \_\_\_\_\_
4. What veterinarian do you take the cat to? \_\_\_\_\_
5. When was the last time the cat was to the vet? \_\_\_\_\_
6. Did you bring your cat's medical records?  Yes  No
7. Does your cat have any medical problems the HSWC should be aware of?  Yes  No If yes, please explain: \_\_\_\_\_

Please list any other pertinent information regarding the cat: \_\_\_\_\_  
 \_\_\_\_\_

What would need to happen for you to keep the cat in your household? \_\_\_\_\_

This profile may have been altered by HSWC staff if language used by the previous owner was found to be prejudicial, vulgar or otherwise offensive.

