Owner Pet Surrender Form

CAT

Note: Owned animals are those contained for at least 30 days and turned in by those residing in same household.

Pet ID# ____________________________ Date Surrendered: ____________

Owner Name: ________________________________________________________

Address: __________________________________________ City: ________________ Zip: ____________

Best contact number: ______________________ Email: ______________________

Pet Name: _________________________________________ Age: _____ Sex: ______ Spayed/Neutered: ☐ Yes ☐ No

Breed: _____________________ Description of pet: ____________________________

Why are you surrendering this cat? __________________________________________

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

Is your cat declawed? ☐ No ☐ Yes ☐ Front ☐ Back ☐ Both front and back

Please list all known health issues: ____________________________________________

Veterinarian? ____________________________ Last visit? ____________ Are health records available? ☐ Yes ☐ No

Is your cat currently on any medication? ☐ Yes ☐ No If yes, what type?

________________________________________

Is your cat current on vaccinations? ☐ Yes ☐ No Heartworm/flea preventives? ☐ Yes ☐ No

How does your cat behave at the vet’s office? ☐ Flighty but able to be handled ☐ Needs to be sedated

☐ Calm ☐ Social ☐ Never been

Does your cat ride well in a car? ☐ Yes ☐ No If no, please describe behavior: ____________________________

Any known aggression issues? ☐ Yes ☐ No (If yes explain.) : ____________________________

Has this cat bitten or scratched a human within the last ten (10) days. ☐ Yes ☐ No

If yes – Date of incident: ____________ Victim: __________________ Circumstances: __________________

Where does your cat spend the majority of their time? ☐ Inside ☐ Outside ☐ Both inside and outside

Does your cat have access to the whole house? ☐ Yes ☐ No If no, please explain:

________________________________________

Did you allow your cat on the furniture? ☐ Yes ☐ No Did they scratch the furniture? ☐ Always ☐ Sometimes ☐ No
What time of day is your cat most active? □ Morning  □ Afternoon  □ Evening  □ Night
Where does your cat sleep at night? ____________________________________________________________
How does your cat let you know it wants to go outside? (if applicable): ______________________________________
What brand of food does your cat eat? Dry food: _________________________ Wet food: ______________________
How often does your cat eat wet food daily? _________________________ Did you free feed dry food? □ Yes □ No
If no, please explain: _______________________________________________________________________
Is pet litterbox trained?  □ Yes  □ No  Always uses the litterbox?  □ Yes  □ No
If no, please explain: _______________________________________________________________________
If yes, type of litter used, box style, placement preference: ________________________________________________
How many litter boxes are in your home? ________________ Upstairs: ___________ Downstairs: _____________
Describe your cat’s behavior: (mark all that apply) □ Very active  □ Couch Potato  □ Easy going □ Moody □ Curious
□ Friendly with Family  □ Friendly with visitors  □ Playful  □ Talkative  □ Quiet  □ Affectionate  □ Independent □ Attention Seeking
□ Shy with family (please explain): ____________________________
□ Shy with strangers (please explain): ________________________________
□ Needs to be an only pet (please explain): ____________________________
Does your cat like (check all that apply): □ Men □ Women □ Children □ Other cats □ Dogs □ Other pets: _______
Has your cat regularly been around children: □ Yes □ No  If yes, □ Lived with or □ Visited
If yes, Please indicate age range: □ 0-2yrs  □ 3-5 yrs  □ 6-10 yrs  □ 11-14 yrs  □ 15-18 yrs.
Does your cat live with other pets? □ Yes □ No  If yes, how many? _______ What types?
__________________________________________________________
How does your cat behave around dogs? □ Never been around dogs □ Friendly □ Scared of dogs □ Ignored dogs
□ Aggressive towards dogs  Please explain: _________________________________________________________
How does your cat behave around other cats? □ Never been around cats □ Friendly □ Scared of cats □ Ignored cats
□ Aggressive towards cats  Please explain: _________________________________________________________
What is your cat’s play style: □ Likes to play rough, may bite or scratch □ Likes to chase and pounce on toys
□ Fetch □ Climbs on things □ Plays with other cats □ Plays in water □ Uses batting toys □ Laser Pointer
Does your cat (check all that apply): □ Like to be held □ Like to be brushed □ Like to be picked up
□ Uses scratching post □ Claw furniture □ Claw drapes □ Spray in the house □ Dig in plants/Chew plants
Where does your cat like to be pet? □ Head only □ Head and back □ Full body □ Tail □ Stomach □ Does not like
I voluntarily surrender this pet and relinquish ownership. I understand any decision to return this pet will require me to apply for adoption and will be contingent upon approval. All information provided is accurate and complete. I understand every attempt will be made to find this animal a home, however, FHS cannot guarantee the outcome.

______________________________________________________________
Pet Owner Signature

______________________________________________________________
Employee Completing Form: _____________________________

Date