

STAFF USE ONLY:

Reviewed by: _____ **Date:** _____ **ARN:** _____ **-C**

Counseled about alternatives: _____ **Donation:** \$ _____

Feline Surrender Profile

Cat's name: _____ Color: _____

Age: _____ Sex: _____ Spayed or neutered? _____ Declawed? Yes _____ No _____

Where did you acquire the cat? _____

How old was the cat when you acquired him/her? _____

How long has this cat lived with you? _____

Has your cat visited a veterinarian? _____ If so, who is your veterinarian? _____

Why are you surrendering your cat to the shelter? (Circle all that apply.)

Behavioral Time Commitment Allergies Health Issues (yours or cat's) Other

Please Explain: _____

Check all that apply to describe your cat's personality:

Friendly ___ Shy ___ Independent ___ Fearful ___ Playful ___ Affectionate ___ Aloof ___ Aggressive ___ Vocal ___

Describe your cat's personality in your own words: _____

Where does your cat spend most of his/her time? Inside ___ Outside ___ Inside/Outside ___

When inside, where does your cat spend most of the time? _____

If your cat goes outside, does he/she: Stay close to the house ___ Wander off ___ Fight with other cats ___

Does your cat like to sit in your lap? Yes ___ No ___

Does your cat like to be petted? Yes ___ No ___ What does he/she do when she has had enough petting? _____

Does your cat like to be picked up? Yes ___ No ___ What does he/she do if he/she doesn't want to be picked up? _____

Is your cat afraid of, or uncomfortable with: Women ___ Men ___ Children ___ Infants ___ None ___

What does he/she do when uncomfortable? Run away ___ Hiss ___ Swat at ___ Scratch ___ Bite ___

Does your cat show aggression towards: Family members ___ Visitors ___

If yes, what does he/she do? Hiss ___ Swat at ___ Scratch ___ Bite ___

What do you do if your cat becomes aggressive? _____

What other animals has your cat lived with? Dogs ___ Cats ___ Other _____

How did your cat interact with other cat(s)? Playful ___ Tolerant ___ Avoidance ___ Aggressive ___ Fearful ___

How did your cat interact with other dog(s)? Playful ___ Tolerant ___ Avoidance ___ Aggressive ___ Fearful ___

What type of litterbox do you have? Uncovered ___ Covered ___ Other _____

How many boxes do you have? _____ Where are they located? _____

What type of litter do you use? Clay ___ Clumping ___ Shavings ___ Other _____

Does your cat ever eliminate outside the litterbox? Yes ___ No ___ Urinate ___ Defecate ___ Both ___

How frequently? Daily ___ Weekly ___ Once in awhile ___

Where does he/she eliminate if not in the box? _____

How long has your cat been inappropriately eliminating outside the litterbox? _____

If urinating outside the box is he/she spraying? (urine found on vertical surfaces) Yes ___ No ___

What have you tried to help the inappropriate elimination? _____

Does your cat have any medical problems? No ___ Yes ___ Describe: _____

Is your cat currently on any medications or special diets? No ___ If yes, what? _____

Feeding: Dry food: Once daily ___ Twice daily ___ Free food ___ Never ___ What brand _____

Canned food: Once daily ___ Twice daily ___ Free food ___ Never ___ What brand _____

Does your cat like to play? Yes ___ No ___ If so, what is his/her favorite game/toy? _____

What is your cat's best quality? _____

What is your cat's worst quality? _____

Where does this cat sharpen his/her nails? Couch ___ Scratching post ___ Rug ___ Other _____

Where does this cat like to sleep? Couch ___ Chair ___ Bed ___ Cat bed ___ Other _____

How do you describe your household? Active ___ Noisy ___ Average ___ Quiet ___

Does this cat do any of the following:

Jump on the counters or tables ___ Climb the curtains ___ Hiss, bite or nip ___ Exhibit fearfulness or shyness ___

Any other behavior issues? _____

Would you like the new adopter to contact you if they have any questions? Yes ___ No ___

At what telephone number? (____) _____ or email _____

Anything else we should know? _____

Are you able to help by making a donation? We are a non-profit organization and rely heavily on donations to provide the best care for the animals being surrendered to our shelter. There is a suggested \$40 donation per pet, but any amount helps!

Yes ___ No ___ If yes, how much? _____

If the SPCA deems it necessary to euthanize the animal you are returning or surrendering, would you like to be contacted? (Please note that in relinquishing this animal you are relinquishing all rights to the animal, and we offer this service as an optional courtesy that we are not obliged to provide.)

___ Yes ___ No Telephone number(____) _____

Thank you for taking the time to fill out this form. I swear that the information is true to the best of my knowledge and I have given all the information available to help the SPCA of Tompkins County find a loving, new home for this cat.

Signature: _____ **Date:** _____