



CAT SURRENDER PROFILE

Pope Memorial Humane Society

No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about the history, past veterinary care, likes, dislikes, and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems but failing to disclose them certainly does!

General Information

Cat's Name _____ Age or approximate age _____ Male Female

- Is the cat spayed or neutered? Yes No Not Sure
- What kind of ID does the cat have? Tattoo Microchip None
- Is this cat declawed? Front All Not declawed
- If declawed, when was it done? As a kitten As an adult Acquired as declaw

History

- Why are you surrendering your cat? _____
- If we could help you resolve this issue would you be interested in keeping the cat? _____
- How long have you owned the cat? _____
- Including your current home, how many homes has this cat had? _____
- Where did you acquire this cat?
- Found as stray From CVHS From another shelter Newspaper Ad
- Friend/relative Pet Store Breeder Born in my house
- Other _____

Medical History

- Did the cat see a veterinarian at least once per year? Yes No Not sure
- Is this cat current on vaccinations? Yes No Not sure
- Has this cat been hit by a car or required other surgery? Yes No Not sure
- If yes, please explain? _____

Has this cat been diagnosed with and/or treated for any of the following: (check all that apply)

- Allergies Upper Respiratory Infection Heart murmur
- Epilepsy or seizures Thyroid disease Tumors
- Urinary Tract infection Organ failure Diabetes
- Other (please explain) _____

Name of your veterinarian/clinic _____ Phone # _____

Personality

How would you describe your cat most of the time? (check all that apply)

- Very active Friendly to family Friendly to visitors A clown
- Couch potato Shy to family Shy to visitors Playful
- Talkative Affectionate Independent Aloof
- Quiet Lap Cat More like a dog Withdrawn
- Playful Fearful Fearless Solitary

- Does your cat like to be held? Yes No
- Sit in lap only Doesn't like to be picked up Likes to sit on your shoulder
- Likes to cradle in arms Cat will come to you for attention Other _____

Play Style

How does your cat like to play? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Plays gently- does not usually use teeth or claws | <input type="checkbox"/> Likes to play rough, may bite or scratch |
| <input type="checkbox"/> Likes to chase & pounce with a variety of toys | <input type="checkbox"/> Likes things that crackle, such as paper bags |
| <input type="checkbox"/> Likes to play hide and seek | <input type="checkbox"/> Will fetch items like a bottle cap or toys |
| <input type="checkbox"/> Chases bugs or moths | <input type="checkbox"/> Likes to play in or around water |
| <input type="checkbox"/> Likes to learn tricks for treats | <input type="checkbox"/> Likes to play with other cats |
| <input type="checkbox"/> Likes to play with dogs | <input type="checkbox"/> Not much interest in play |
| <input type="checkbox"/> Other _____ | |

Lifestyle & Home Life

What areas of your home did the cat have access to? (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Outdoors only | <input type="checkbox"/> Indoors at night | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> Indoors with access to outside | <input type="checkbox"/> In barn or shed | <input type="checkbox"/> Screened porch | <input type="checkbox"/> Indoors in cold weather |
| <input type="checkbox"/> Outdoors in warm weather | | | |
| Other _____ | | | |

Where did your cat spend most of his or her time? (check all that apply)

- | | | | |
|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living Room | <input type="checkbox"/> At the window |
| <input type="checkbox"/> Outdoor only | <input type="checkbox"/> Garage or basement | <input type="checkbox"/> Barn or shed | <input type="checkbox"/> Where people are |
| Other _____ | | | |

If this cat has lived with other cats, how did they interact? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Peacefully coexisted |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Rough with others | <input type="checkbox"/> Gentle with others | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Other _____ | | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Groomed each other |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Sniffed noses | <input type="checkbox"/> Peacefully coexisted |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Cat feared dog | <input type="checkbox"/> Caused this cat stress | <input type="checkbox"/> Dog chased cat |
| <input type="checkbox"/> Cat tormented dog | <input type="checkbox"/> Cat rubbed on dog | |
| <input type="checkbox"/> 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? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cat actively avoided child | <input type="checkbox"/> Child could pet the cat | <input type="checkbox"/> Cat & Child played together |
| <input type="checkbox"/> Cat hissed or growled at child | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Mutual adoration |
| Other _____ | | |

Have the experiences with the cat and child(ren) always been positive? Yes No

If no, please explain _____

Is this cat most comfortable with Women Men Kids
 Teenagers Seniors Loves all people

How would you describe the ideal home for your cat? _____

Are there any quirks or habits you are not fond of in your cat? _____

Please tell us something you truly love about this cat: _____

Does the cat do any of the following? (check 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)? _____

Dietary Habits

What is the cat's favorite brand of food? _____

Which 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

Litter Box Habits

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

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

If sometimes, how often does the cat have accidents? _____

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 litter box scooped? Everyday Every few days Weekly Rarely
What type(s) of litter was used? Unscented Scented Clumping Non-Clumping
 Crystals Clay Pine
 Yesterday's News Paper Other _____

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

If other cats, how many shared the litter box?
 One Two or more Many cats shared Multiple boxes for multiple cats

If litter box accidents were an issue, when did they begin? Past month Past year Ongoing

Can you pinpoint an event(s) that might have influence or triggered inappropriate litter box use? _____

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

Has your cat been to a veterinarian to rule out infection or underlying health issues? Yes No

If yes, what was the outcome? _____

Thank you for taking time to fill out this information