

# CAT/KITTEN SURRENDER PROFILE FORM

Completed form must be submitted at scheduled surrender appointment.



## Contact Information (\*Required):

\*Name of Person/Owner Surrendering \_\_\_\_\_

\*Phone \_\_\_\_\_ Email \_\_\_\_\_

\*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Driver License # \_\_\_\_\_

I understand there is a \$40 surrender fee collected at the time of surrender.  Yes  No

## General History:

Why are you surrendering this cat today?

---

---

If we could help you resolve the issues surrounding the surrender of the cat would you be interested in keeping your animal?  Yes  No If yes, stop here and speak with a member of the Rescue Team for assistance.

Cat's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age or approximate age: \_\_\_\_\_ How old was this cat when you acquired him/her? \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Is this cat a  Male  Female  Unsure

Has this cat been spayed or neutered?  Yes  No  Unsure

Has this cat been microchipped?  Yes  No  Unsure If so, chip # \_\_\_\_\_

How long have you owned this cat? \_\_\_\_\_

Including your home, how many homes has this cat had? \_\_\_\_\_

Where did you acquire this cat?

Toledo Animal Rescue  Found as a stray  Born in my home

Friend/Relative  Pet store  Breeder

Free-to-good-home ad  Another shelter: What shelter? \_\_\_\_\_

Other \_\_\_\_\_

## Medical History:

Did this cat receive annual exams by a veterinarian?  Yes  No  Unsure

Name of Vet Clinic: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

**I agree the Toledo Animal Rescue can contact the Veterinarian for current and past medical information regarding this animal.** \_\_\_\_\_ (Initial)

**Is this cat current on rabies vaccination?**  Yes  No  Unsure

**Does this animal have any medical problems or previous injuries that require special attention or a special diet?**  Yes  No  Unsure Explain: \_\_\_\_\_

**Please check all conditions that this cat has been diagnosed with or has been treated for:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Urinary Tract Infection (UTI) | <input type="checkbox"/> Feline Leukemia | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Skin Problems                 | <input type="checkbox"/> Ringworm        | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Liver Disease   | <input type="checkbox"/> Kidney Disease                | <input type="checkbox"/> Heart murmur    | <input type="checkbox"/> FIV               |
| <input type="checkbox"/> Heart Worms     | <input type="checkbox"/> Obesity                       | <input type="checkbox"/> Other: _____    |  |

### **Dietary Habits:**

**What brand of food did this cat eat?**

- |   |  |
|---|--|
| <input type="checkbox"/> Premium brand (Science Diet, Eukanuba)     | <input type="checkbox"/> Grocery store brand (Purina, Old Roy) |
| <input type="checkbox"/> Generic brand (Sam's brand, Dollar Store)  | <input type="checkbox"/> Home cooked diet                      |
| <input type="checkbox"/> Prescription Diet – please describe: _____ |  |

**Which of the following does your cat eat?**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Dry food only   | <input type="checkbox"/> Canned food only | <input type="checkbox"/> Combination of dry and canned | <input type="checkbox"/> Table scraps |
| <input type="checkbox"/> Home cooked diet <input type="checkbox"/> Other _____ |   |  |                                       |

**Do you feed this cat treats?**  Yes  No If yes, what kind? \_\_\_\_\_

**How often was this cat fed?**  Once daily  Twice daily  Food always available  Other \_\_\_\_\_

### **Litter Box Habits:**

Often a change in environment (family move, new pet, new baby, change of litter type) can cause a cat to use the litter box inconsistently. Please provide us with as much detail as possible regarding this cat's litter box habits. Sometimes litter box issues are the signs of health or behavioral problems (mild or serious) that may be modified or eliminated with treatment from your veterinarian.

**Did your cat have access to a litter box in the house?**

- Yes How Many? \_\_\_\_\_  No (skip to last question)

**Were there other animals in your home?**

- No Other cat(s)  Dog(s)  Small Mammals  Birds

**If other cats, how many cats shared a litter box?**

- One  Two  Three  Four or More

**Did this cat use the litter box?**  Yes, consistently (Skip to the last question)  No

Sometimes---If sometimes, how often did the cat make a mistake? \_\_\_\_\_

**When was the most recent litter box accident?**

- Within the last week    Within the last month    Six months ago    Six or more months ago  
 Has only happened a couple of times

**Please describe the accidents:**

- Urinates outside of the box on floor or flat surface       Urinates on clothing/furniture  
 Urine marks in the house (sprays walls)       Poops outside of the box All of the above

Other \_\_\_\_\_

**If the cat urinates or poops outside of the box, does the cat most often go right beside the box?**

- No    Yes, please describe \_\_\_\_\_

**How often did you scoop the litter box?**

- Daily    Every few days    Weekly    Rarely

**What type of litter box was provided?**

- Covered    Uncovered    Automatic scooping

**What type of litter was used? (Check all that apply)**

- Scented    Unscented    Clumping    Non-clumping Crystals    Clay    Yesterday's News Pine Alfalfa

Other \_\_\_\_\_

**If litter box issues were a problem, when did they begin?**

- Recently In the past month    In past six months    In the past year    Ongoing issues

**If you have multiple cats, have you witnessed this cat go outside of the box?**

- Yes    No

**Can you pinpoint an event (a move, new pet, change of litter style, new baby, traveling and not home much, etc.) that may have influenced/triggered poor litter box habits?**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Has this cat been examined by a veterinarian for his/her litter box issues to rule out any medical problems contributing to the cat not using the litter box?    Yes    No**

**If yes, was a urine sample collected and examined by the vet?    Yes    No**

**If yes, what was the diagnosis/outcome?**

\_\_\_\_\_

## Personality Profile:

### What traits best describe this cat's personality (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Very energetic | <input type="checkbox"/> Shy to strangers    | <input type="checkbox"/> Shy with some family members            |
| <input type="checkbox"/> Talkative      | <input type="checkbox"/> Playful             | <input type="checkbox"/> Friendly/affectionate to family members |
| <input type="checkbox"/> Independent    | <input type="checkbox"/> Affectionate        | <input type="checkbox"/> Lap cat – loves attention               |
| <input type="checkbox"/> Fearful        | <input type="checkbox"/> A loner             | <input type="checkbox"/> Stubborn                                |
| <input type="checkbox"/> Goofball       | <input type="checkbox"/> Lazy – Couch Potato | <input type="checkbox"/> Other _____                             |

### What's this cat's most favorite style of play (check all that apply)?

- Very gentle    Enjoys playing hide-and-seek    Likes to play with other cats    Likes to play with dogs  
 Will learn tricks for treats    VERY energetic and rambunctious    Doesn't show a great interest in playing  
 Likes to play chase or pounce with certain toys    Other \_\_\_\_\_

## Lifestyle & Home Life

### Was this cat (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Indoors only            | <input type="checkbox"/> Outdoors only  | <input type="checkbox"/> Outdoors during the day, in at night |
| <input type="checkbox"/> Indoors in cold weather | <input type="checkbox"/> Indoor/Outdoor | <input type="checkbox"/> In the garage or basement            |
| <input type="checkbox"/> Other: _____            |   |   |

### This cat sleeps (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Inside, on the floor       | <input type="checkbox"/> Inside, on a cat bed         | <input type="checkbox"/> Inside, on a chair or sofa        |
| <input type="checkbox"/> Inside, in bed with adults | <input type="checkbox"/> Inside, in bed with children | <input type="checkbox"/> In a crate                        |
| <input type="checkbox"/> In a garage or barn        | <input type="checkbox"/> Outside, in a cat house      | <input type="checkbox"/> Outside, on ground or under porch |

### If indoor only, does the cat try to escape?

- Yes    No

### Did this cat have access to:

- All areas of the home    Certain rooms only, which rooms \_\_\_\_\_

Other \_\_\_\_\_

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Very affectionate          | <input type="checkbox"/> Playful and energetic | <input type="checkbox"/> Groomed one another      |
| <input type="checkbox"/> Slept near one another     | <input type="checkbox"/> Peacefully coexisted  | <input type="checkbox"/> Ignored each other       |
| <input type="checkbox"/> Fought without injuries    | <input type="checkbox"/> Played too rough      | <input type="checkbox"/> Caused each other stress |
| <input type="checkbox"/> Was picked on by other cat | <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"/> Avoided each other   | <input type="checkbox"/> Cat feared dog         |
| <input type="checkbox"/> Dog chased cat                | <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Played nicely with each other | <input type="checkbox"/> Cat tormented dog    | <input type="checkbox"/> Slept near each other  |
| <input type="checkbox"/> Fought without injury         | <input type="checkbox"/> Played too rough     | <input type="checkbox"/> Other _____            |

**Has this cat regularly been around children?**  Yes  No  Not Sure

**How old are the children?** \_\_\_\_\_

**How does this cat interact with children? (check all that apply)**

- Ignored each other     Mutual affection     Cat and child played together  
 Child chased the cat     Cat was afraid of child     Child played too rough w/cat  
 Cat hissed at children     Cat swatted children     Cat bit children  
 Other \_\_\_\_\_

**This cat seems most comfortable with:**

- Women     Men     Children     Other animals     Senior citizens     Teenagers     Loves everyone!

**What is this cat afraid of? (check all that apply)**

- Thunderstorms     Loud Noises     Vacuums     Being Alone     Men     Women     Children  
 Strangers     Fast Movement     Car Rides     Restraint     Crates     Dogs     Cats     Vet  
Other \_\_\_\_\_

**If this cat has been aggressive towards people or animals, how would you describe the aggression? (check all that apply)**

- Yes, has attacked or bit people, animals, or both.  
 Yes, has hissed at or lunged at people, animals, or both.

**Please describe in detail any answers of yes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No, has shown no aggression towards animals or people and I certify that, to the best of my knowledge, this animal has not bitten any person or animal, nor has it shown signs of aggression to any person or animal.  
\_\_\_\_\_ (Initial)

**Does this cat have any areas of sensitivity where he/she does not like to be touched?**

No     Yes, Please describe areas and reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please feel free to add additional comments that you think would be helpful to the Rescue Team staff, potential adopters, or a future owner.**

---

---

---

---

---

---

---

**RELINQUISHMENT OF OWNERSHIP AND GENERAL RELEASE OF ALL CLAIMS**

My signature below certifies that I am the owner of, or have legal authority to surrender, the animal described above to the Toledo Animal Rescue. I certify that I have disclosed all information about the animal concerning health, behavior, history, and that all of the above statements and information are true and correct. I hereby relinquish and surrender all rights and ownership of the animal, and any right to information regarding the animal. I understand that Toledo Animal Rescue cannot guarantee that the animal will be placed for adoption.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby agree and understand that I have voluntarily relinquished all ownership and rights to the animal, and that Toledo Animal Rescue has the sole and exclusive right to make all decisions and take all actions related to the animal. I further agree to forever discharge and release Toledo Animal Rescue from all claims, liability, and damages related to the animal in any way.

Signature \_\_\_\_\_ Date \_\_\_\_\_