

Cat Surrender Form

Basic Animal Information

Name: _____	Breed: _____
Log #: _____	Age: _____
Color: _____	☐ Male ☐ Female
Microchip: _____	☐ Neutered ☐ Spayed

1: Why are you giving this cat up for surrender? _____

2: Where did you originally get the cat? _____

3: Where did the cat primarily live? ☐ Inside ☐ Inside/Outside ☐ Outside

4: Is the cat litter trained? ☐ No ☐ Yes What type of litter does he/she use? _____

5: Does he/she ALWAYS use the litter box? ☐ No ☐ Yes

6: Does the cat use a scratching post? ☐ No ☐ Yes

7: Is this cat declawed? ☐ No ☐ Yes

8: Where does the cat normally sleep? _____

9. How does this cat react to new people, crowds, or new situations?

Very friendly/social almost immediately

Shy at first, but friendly/social once settled

Hides for long periods of time

Responds very negatively/aggressively

Other notes: _____

10: What food does the cat normally eat? _____

11: Does the cat have any aggression towards people or other animals? ☐ Yes ☐ No

If yes, please list the scenarios in which the aggression normally occurs: _____

12: The cat has lived with:

☐ men ☐ women ☐ children ☐ cats ☐ dogs ☐ livestock ☐ small animals

If the cat has lived with children, please list the ages: _____

13: The Cat is good with and likes:

☐ Men	☐ Women
☐ Children	☐ Strangers
☐ Male Dogs	☐ Female Dogs
☐ Big Dogs	☐ Small Dogs
☐ Cats	☐ Livestock
☐ Small Animals	☐ Vehicle Rides

Other Likes: _____

14: The Cat is NOT good with and dislikes:

☐ Men	☐ Women
☐ Children	☐ Strangers
☐ Male Dogs	☐ Female Dogs
☐ Big Dogs	☐ Small Dogs
☐ Cats	☐ Livestock
☐ Small Animals	☐ Vehicle Rides

Other dislikes: _____

15: Has the dog ever bitten anyone? ☐ Yes

If yes, has the dog bitten someone in the last 14 days?

Please describe the incident of which the bite occurred: _____

☐ Yes ☐ No

☐ Yes ☐ No

Animal Medical History Information

1: Has the cat ever been vaccinated before?

☐ Yes

☐ No

If yes, please list what vaccinations the cat has received and the date(s) that he/she received them.

2: Has the cat ever received any other veterinarian attention?

☐ Yes

☐ No

If yes, please list any reasons that the cat has previously seen a vet.

3: Does the cat have any other medical issues that should be noted?

☐ Yes

☐ No

If yes, please list what those issues are: _____

4: Please list the name and phone number of the veterinary clinic that your cat was taken to:

5: Do you give the Quinte Humane Society permission to contact your veterinarian's office, to obtain the cats medical file?

☐ Yes

☐ No

If yes, please list the person's name that the cats information would be under: _____

6: If the cat is female, has she ever had a litter of kittens?

☐ Yes

☐ No

If yes, how many litters has she had and when was her last litter? _____

Contact Information:

Name: _____ **Phone Number:** _____

Address: _____

By signing below, I hereby state that I am the owner or have control of the animal described above and surrender the animal to Humane Society Hastings Prince Edward. All questions have been answered truthfully and to the best of my knowledge.

Name(s) of Owner: _____

Signature: _____

Date: _____

HSHPH Representative: _____