

FELINE SURRENDER PROFILE

Please fill out this form as honestly as possible. This information will help us match your cat with his/her new forever family. The more information we are provided with allows us to make good matches for the pets left in our care. PLEASE PRINT CLEARLY!

Adoption Return

Public Guardian Surrender

Less than 90 days (return) Over 90 days (surrender)

Surrender Fee Paid

Guardian Name	
Full Address	
Phone Number	Email
Cat's Name	How long have you had the cat?
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed / Neutered
Breed	

Why are you giving up your cat?

Moving Allergies Litterbox New Baby Biting/Scratching No Time

Not getting along with other pets (explain): _____

Not getting along with family members (explain): _____

Behavior Issues: _____

Other: _____

How did you obtain this cat?

Wanderers' Rest Humane Association, Inc. Other Shelter/Rescue: _____

Newspaper / Internet Friend Breeder Found Stray

Gift Other: _____

Who was the cat living with?

To your knowledge, how many homes has this cat had before living with you?

Please list ages and sexes of the people this cat has lived with:

Animal ID Number: WRHA-A-_____

Would you recommend placing this cat in a home with young children?

- Yes! No! Not Sure...

Please Explain: _____

If this cat has lived with young children, how did they interact? (Check all that apply)

- Cat actively avoided children Cat growled at child Child could pet the cat
 Ignored each other Played together Gentle/Affectionate
 Jumps on / Knocks over Other: _____

Please tell us what other animals your cat has lived with (Check all that apply):

- Male cat(s): # _____ Female cat(s): # _____ Dogs(s): # _____
 Other pet(s): _____ Never lived with other animals

What has been your experience with any opportunities your cat has had to interact with dogs (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Shy
 Never around dogs Hisses/Bites/Scratches Curious
 Unknown Other _____

Would you recommend placing this cat in a home with dogs?

- Yes! No! Not Sure...

Please Explain: _____

What has been your cat's experience with other cats in your home or outside of your home? (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Chases
 Never around other cats Has Injured Curious Gentle
 Hisses/Bites/Scratches Other _____

Would you recommend placing this cat in a home with other cats?

- Yes! No! Not Sure...

Please Explain: _____

Where is the cat kept at home?

Where does this cat spend its time? Inside only Outside only Inside and Outside
 Outbuilding (shed/garage)

If this cat goes outside, how does it get out? Cat door Window
 Person lets out Other: _____

Does this cat have any favorite daytime perching spots? _____

When alone, how does he/she behave? _____

Where does the cat sleep at night? Inside Where? _____ With whom? _____
 Outside Where? _____ With whom? _____

Litter Box Information

Number of cats in your home? _____

Number of litter boxes in your home? _____

What type of litter box do you use? Covered Uncovered Other: _____

What type of litter do you use? Clay Pine litter Pellet
 Crystals Scented Unscented
 Other: _____

The litter box is...?

Scooped: Daily Weekly Monthly When it smells bad

Dumped: Daily Weekly Monthly When it smells bad

Cleaned: Daily Weekly Monthly When it smells bad

What do you use to clean the litter box (bleach, detergent, etc.)? _____

Is your cat litter box trained? Yes No

If no, explain: _____

Has your cat ever had an accident outside the litter box? Yes No Urine Feces Both

If yes, where was the accident? (check all that apply)

- Next to the box On carpet or rug On clothes/towels/bedding
 On Furniture In bathtub/shower Spraying on vertical surface
 On tile/wood/concrete Other: _____

How often were these accidents?

- Daily Few times / week Couple of times / month Monthly
 Few times / year Other: _____

Any recent changes in the household or routine that might have triggered the problem?

- Moved New baby Work hours New pet
 Construction Other: _____

Has your cat seen a veterinarian for this problem? Yes No

Was the problem resolved? Yes No, ongoing problem No, occasional problem

Feeding Information

What type of food does this cat eat?

- Dry kibble only Brand: _____
 Canned food only Brand: _____
 Dry and Canned Brands: _____
 Special Diet: _____

How often and how much does this cat eat?

- 1x day / Amount: _____ 2x day / Amount: _____
 Free Fed / Amount: _____ Other: _____

Does this cat have any favorite treats? _____

Exercise, Play, and Behavior Information

Does this cat receive regular play time with people? Yes No

What types of items does your cat play with? Cat Toys String Balls
 Feathers Bugs, birds, mice, etc.
 Other: _____

Does your cat use a scratching post? Yes No

What types of surface does your cat prefer to scratch on? Cat Tree Carpet
 Scratching Post Cardboard scratcher Jumping on People Upholstery
 Wood Drapes/Curtains Vertical/Upright surfaces
 Horizontal/Flat surfaces Other: _____

Is this cat's activity level: Low energy Medium energy Extremely active

Is this cat most active: Daytime Nighttime Both

Does your cat have any areas it doesn't like to be touched? Back Tail
 Other: _____

What makes this cat nervous, or causes it to behave in a different manner than usual? (check all that apply)

Men Women Children Strangers Vet Groomer
 Riding in the car Bathing Loud noises Cat carriers
 Brushing Nail Clipping Other cats: _____
 Other animals: _____ Other: _____

Does your cat have a preference for: Men Women Children Animals: _____

How would you characterize this cat overall? (check all that apply)

Calm Friendly Playful Curious Confident Outgoing
 Stubborn Standoffish Shy Fearful Aggressive Dependent
 Clingy Independent Other: _____

Animal ID Number: WRHA-A-_____

Veterinary Information

Name of Veterinarian or Clinic: _____

Date of last visit: _____

Current on vaccinations: Yes No

Has any of the following? FIV FeLV Panleukopenia Unsure

In the last 30 days, has your cat had (check all that apply):

Coughing Sneezing Vomiting Diarrhea

Does your cat have any current, previous, or recurring medical problems? Yes No

If yes, explain: _____

Other Information

Please list any other information that you feel would be helpful for us or for a new owner. This will help us make the best possible match for a new family.
