

Greenhill



Humane Society, SPCA  
Loving Animals Since 1944

**OWNER INFORMATION**

Name \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

No one knows and loves your cat the way you do. In order to help us find the most appropriate home for your cat, please provide us with as much information as possible about your cat's history, past veterinary care, likes, dislikes, quirks and behavior. Behavior and medical issues do not necessarily create problems, but failing to disclose them certainly does. While your personal information will be kept confidential the animal information may be shared with potential and actual adopters of your cat.

Please sign and date the form at the bottom of this page. Thank you.

By signing this agreement, I hereby affirm that I have answered each of these questions to the best of my knowledge and as truthfully as possible. I further certify that I am the guardian, or have the authority to surrender the cat referenced in the following information. I hereby relinquish all rights of ownership, including any right to information regarding final disposition, of the cat described herein in favor of the Greenhill Humane Society, and agree that the cat described herein may be disposed at the sole discretion of the Greenhill Humane Society.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fee Paid \_\_\_\_\_  
Greenhill Staff \_\_\_\_\_

**Greenhill**



**CAT SURRENDER PROFILE**

**RECEIVING NUMBER** \_\_\_\_\_

**GENERAL INFORMATION**

Cat 's Name \_\_\_\_\_ ID or License Number \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_ Weight \_\_\_\_\_ Veterinarian clinic (s) \_\_\_\_\_

Special markings, coloring \_\_\_\_\_

**HISTORY**

Why are you surrendering your cat? \_\_\_\_\_

If we could help you resolve this issue, would you be interested in keeping your cat? \_\_\_\_\_

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

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

Where did you acquire this cat? \_\_\_\_\_

Has this cat bitten and broken the skin  Yes  No  Not sure Comment \_\_\_\_\_

Has this cat ever been classified or is there any pending dangerous complaints on this cat  Yes  No  Not sure

Comment: \_\_\_\_\_

**MEDICAL HISTORY**

Did the cat see a veterinarian at least once a year?  Yes  No IF yes Why ? \_\_\_\_\_

Is the cat current on vaccinations? (in the Last year)  Yes  No

How is your Veterinarian? \_\_\_\_\_

Has the cat been diagnosed with and/or treated for any of the following? (Check all that apply)

Allergies  Heart problem  Respiratory problem  Skin problem

Kidney Problems  Urinary tract Problems  Other \_\_\_\_\_

Hepatitis  Diabetes  Digestive problem  Muscular problem

Eye problem  Dental problem  Ear problem  Hip dysplasia

Kidney  Crystals

Other \_\_\_\_\_ veterinarian clinic (s) \_\_\_\_\_

Comments on any health conditions noted above \_\_\_\_\_

**PERSONALITY**

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

- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Very active  | <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Friendly to visitors     | <input type="checkbox"/> Playful, seeks attention |
| <input type="checkbox"/> Couch potato | <input type="checkbox"/> Shy to family      | <input type="checkbox"/> Shy to visitors          | <input type="checkbox"/> Fearful of strangers     |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent        | <input type="checkbox"/> Quiet, withdrawn         | <input type="checkbox"/> Fearless                 |
| <input type="checkbox"/> Lap cat      | <input type="checkbox"/> Emotional, vocal   | <input type="checkbox"/> Sweet, loving, attentive | <input type="checkbox"/> Bold, daring, tenacious  |

Other: \_\_\_\_\_

**BEHAVIOR ISSUES**

(Check all that apply)

- |                                 |  |  |  |
|---------------------------------|--|--|--|
| <input type="checkbox"/> Sprays | <input type="checkbox"/> Too independent | <input type="checkbox"/> Jumps on counters         | <input type="checkbox"/> Fearful               |
| <input type="checkbox"/> Chews  | <input type="checkbox"/> Mouthy          | <input type="checkbox"/> Hyper                     | <input type="checkbox"/> Jumps on people       |
| <input type="checkbox"/> Vocal  | <input type="checkbox"/> Digs            | <input type="checkbox"/> Jumps Fences              | <input type="checkbox"/> Runs away             |
| <input type="checkbox"/> Shy    | <input type="checkbox"/> Pushy           | <input type="checkbox"/> uses litter box sometimes | <input type="checkbox"/> afraid of loud noises |

Other: \_\_\_\_\_

If you have checked sprays in the house or uses the litter box sometimes: Please answer the following questions.

How many litter boxes are in the house? \_\_\_\_\_

The location of litter boxes? \_\_\_\_\_

Number of cats sharing the litter boxes? \_\_\_\_\_

**DAILY ROUTINE**

How many times a day do you feed your cat dry?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> once a day | <input type="checkbox"/> twice a day |
| <input type="checkbox"/> free feed  | What brand food do you feed<br>_____ |

Canned food?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> once a day | <input type="checkbox"/> twice a day |
| <input type="checkbox"/> free feed  | What brand food do you feed<br>_____ |

What activities does your cat enjoy: \_\_\_\_\_

Other comments \_\_\_\_\_

Do you allow your cat on the furniture YES NO

**LIFESTYLE AND HOME LIFE**

To what areas does the cat have access? (Check all that apply)

- Indoors only       Outdoors only       Indoors at night       Garage or basement  
 Barn or shed       Igloo       Indoor in cold weather       Outdoor in hot weather  
 Other \_\_\_\_\_

Where does the cat spend most of his/her time? (Check all that apply)

- Bedroom       Kitchen       Living Room       Outdoors only  
 Garage or basement       Indoors only       Bathroom       Other

Where does the cat sleep at night (Check all that apply)

- Bedroom       Kitchen       Living Room       Outdoors only  
 Garage or basement       Igloo       Bathroom       Other

If this cats lives with dogs, how did they interact? (Check all that apply)

- Adored each other       Played together       Slept near each other       peacefully coexisted  
 Ignored each other       Snarled at each other       Fought without injuries       Fought with injuries  
 Bullied dog       Submissive to dogs       Other \_\_\_\_\_       Other \_\_\_\_\_

If this cats lives with cats, how did they interact? (Check all that apply)

- Adored each other       Played together       Slept near each other       Peacefully coexisted  
 Ignored each other       Snarled at each other       Fought without injuries       Fought with injuries  
 Cat chased cat       Cat tormented cat       Cat feared cat       Other \_\_\_\_\_

If not living with a cat what do you think your cat would do if it was to meet a cat? \_\_\_\_\_

Has this cat regularly been around children?       Yes       No       Not sure

If yes, indicate what ages of children.       0 -3 years       4 -7 years       8 – 11 years       12 – 18 years

If this cat lived with children under the age of 7, how did they interact (Check all that apply)

- Cat avoided child       Cat interacted with child       Cat ignored child

Other \_\_\_\_\_

What do you think would be the best home for this cat? \_\_\_\_\_  
\_\_\_\_\_