



Cat Surrender Information & Profile

Pet Information

Pet Name

Species

Breed

Color

Age / DOB

Sex: Male
 Female
 Spayed/Neutered

Surrender Reason

Behavior

- Aggressive toward people
- Aggressive toward animals
- High prey drive
- Destructive
- House soiling
- Not leash trained
- Excessive vocalization
- Escapes home/yard
- Problems between this pet and my other pet(s)
- Other: _____

Unable to care for pet

- Not able to train &/or exercise
- Financial reasons
- Housing (homeless, landlord approval, etc.)
- Unrealistic expectations
- Health of Family/Allergic to pet
- Death of owner
- Domestic Violence Assistance Program
- Found

Health

- Health of pet

Surrender Fee

\$ _____

Owner Information

First Name

Last Name

Address

City

State

Zip Code

Phone #

Alternate Phone #

Email Address



OWNER INFORMATION

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

Greenhill Staff: _____



CAT SURRENDER PROFILE

GENERAL INFORMATION

Cat 's Name _____ ID or License Number _____
 Age _____ Sex _____ Breed _____
 Spay/Neutered? _____ Weight _____
 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 "No", please tell us why _____
 Is the cat current on vaccinations? (in the past year) Yes No
 Who is your Veterinarian/Clinic/Animal Hospital? _____
 Has the cat been diagnosed with and/or treated for any of the following? (Check all that apply)
 Allergies Heart problems Respiratory problems Skin problems
 Kidney Problems Urinary tract Problems Urinary Crystals/Stones Hip dysplasia
 Hepatitis Diabetes Digestive problems Muscular problems
 Eye problems Dental problems Ear problems Kidney
 Other _____
 Comments on any health conditions noted above _____

PERSONALITY

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



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- | | | | |
|---------------------------------------|---|---|---|
| <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"/> Vocal |
| <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 food?

- once a day twice a day

Canned food?

- once a day twice a day

free feed

What brand food do you feed

free feed

What brand food do you feed

What activities does your cat enjoy? _____

What type of home do you recommend? _____

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)



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- Indoors only
 Outdoors only
 Indoor/Outdoor
 Garage or basement
 Barn or shed
 Other _____

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

- Bedroom
 Kitchen
 Living Room
 Indoors Only
 Garage or basement
 Barn or shed
 Outdoors Only
 Other _____

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

- Bedroom
 Kitchen
 Living Room
 Indoors Only
 Garage or basement
 Barn or shed
 Outdoors Only
 Other _____

If this cats lives with dogs, how did they interact? (Check all that apply) How many? _____ Breed(s) _____

- 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
 Cat feared dog
 Other _____

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

- 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 Number? _____ 4 -7 years Number? _____

8 - 11 years Number? _____ 12 - 18 years Number? _____

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

- Cat avoided child
 Cat interacted with child
 Cat ignored child
 Other _____