



Cat Surrender Profile

Please complete this form prior to your admissions appointment.

FOR STAFF USE ONLY	Name of Pet: _____
A# _____	Data Entry completed by _____ on _____

Date & Time of Appointment _____
Cat's Name _____
Age _____
How long did this cat live with you? _____
Where did you get this cat? (If from another shelter/rescue please specify) _____
Why are you relinquishing this cat? _____

REQUIRED INFORMATION

Did this cat ever bite a human? Yes No
If yes, how many times did this cat bite a human? _____
When did the last bite occur? _____
Did the bite break skin? Yes No
What were the circumstances of the bite? (e.g. during play, cat was startled by something)

Is this cat on any medications? Yes _____ No
Was this cat ever prescribed a special diet, or did he have known dietary restrictions? Yes No

Did this cat ever have an adverse reaction to a vaccine? If so, what happened?
 Yes _____ No

Behavioral History

What areas of the home did this cat have access to? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Inside only | <input type="checkbox"/> Indoors at night |
| <input type="checkbox"/> Inside in cold weather | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> Outside only | <input type="checkbox"/> Indoors with outdoor access |
| <input type="checkbox"/> Outside in warm weather | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In barn or shed | |

Where did this cat spend most of his/her time? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Barn or shed |
| <input type="checkbox"/> At the window | <input type="checkbox"/> Garage or basement |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Wherever people were |
| <input type="checkbox"/> Outside only | <input type="checkbox"/> Hiding |
| <input type="checkbox"/> Living room | <input type="checkbox"/> Other _____ |

How would you describe this cat most of the time? (Please check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Friendly with family | <input type="checkbox"/> Playful |
| <input type="checkbox"/> Friendly with visitors | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Shy with family | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Shy with visitors | <input type="checkbox"/> Lap cat |
| <input type="checkbox"/> Acts like a dog | <input type="checkbox"/> Fearless |
| <input type="checkbox"/> Very active | <input type="checkbox"/> Independent |

How did this cat like to play? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Does not like to play | <input type="checkbox"/> Chases bugs/insects |
| <input type="checkbox"/> Plays gently (not with teeth/claws) | <input type="checkbox"/> Chases/hunts mice/birds/other animals |
| <input type="checkbox"/> Likes to play rough (sometimes uses teeth/
claws) | <input type="checkbox"/> Likes to play in/around water |
| <input type="checkbox"/> Likes things that make noise (paper bags,
crinkle balls, etc.) | <input type="checkbox"/> Knows tricks _____ |
| <input type="checkbox"/> Likes to play fetch | <input type="checkbox"/> Likes to play with cat(s) |
| | <input type="checkbox"/> Likes to play with dog(s) |
| | <input type="checkbox"/> Other _____ |

Did this cat ever live with dogs? Yes No

If so, what breed and size were the dog(s) _____

If this cat lived with dogs, how did they interact? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Loved each other | <input type="checkbox"/> Dog chased cat |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Cat tormented dog |
| <input type="checkbox"/> Cat rubbed on dog | <input type="checkbox"/> Cat was afraid of the dog |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Played together | <input type="checkbox"/> Fought without injuries |
| <input type="checkbox"/> Ignored each other | |

Did this cat ever live with another cat? Yes No

If yes, how many? _____

If yes, what were the ages and genders of the other cats? _____

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

- | | |
|--|---|
| <input type="checkbox"/> Loved each other | <input type="checkbox"/> This cat was afraid of other cat |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Other cat was afraid of this cat |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> This cat tormented the other cat |
| <input type="checkbox"/> Played together | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Fought without injuries |

Did this cat ever live with animals other than cats or dogs? Yes No

If yes, what type(s) of animal? _____

Would you consider the situation successful? Yes No

Was this cat regularly around children? Yes No

If yes, what ages? _____

If this cat lived with children under the age of 10, how did they interact? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cat avoided child | <input type="checkbox"/> They played together |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> They loved each other |
| <input type="checkbox"/> Child could pet cat | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cat hissed/growled at child | |

Are there any quirks or habits you were not fond of in this cat? _____

Did this cat do any of the following? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Jumps on counters | <input type="checkbox"/> Chews plants |
| <input type="checkbox"/> Scratches doors/cabinets | <input type="checkbox"/> Climbs curtains |
| <input type="checkbox"/> Scratches furniture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chews personal items | |

What was this cat's preferred brand of food? _____

What did this cat eat? (Please check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Dry only | <input type="checkbox"/> Combination of dry and canned |
| <input type="checkbox"/> Canned only | <input type="checkbox"/> People food |

Did this cat ever respond negatively to being touched on certain parts of his/her body? Yes No

If yes, where on the body, and how did he respond? _____

What did this cat like the most? _____

Is this cat afraid of anything? _____

Litterbox Habits

Did this cat have access to a litterbox in the home? Yes No

Did this cat use the bathroom outdoors? Yes No Sometimes

Was the litterbox this cat uses: Covered Uncovered

Where were the litterbox(es) located in the house? _____

If this cat had accidents outside the litterbox, please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Urinates outside the box | <input type="checkbox"/> Sprays on walls/furniture |
| <input type="checkbox"/> Defecates outside the box | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Urinates on clothing/furniture | |

How often did this cat urinate or defecate outside of the litterbox?

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> A few times a week |
| <input type="checkbox"/> Multiple times a day | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Less frequently |

What type(s) of litter was used? (Please check all that apply)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Unscented | <input type="checkbox"/> Crystals |
| <input type="checkbox"/> Scented | <input type="checkbox"/> Clay |
| <input type="checkbox"/> Clumping | <input type="checkbox"/> Pine |
| <input type="checkbox"/> Non-clumping | <input type="checkbox"/> Other _____ |

If there were other cats in the home, did they share a litterbox? Yes No

If there were issues with accidents outside the box, when did they begin?

- | |
|--|
| <input type="checkbox"/> Within the last month |
| <input type="checkbox"/> Within the past year |
| <input type="checkbox"/> Ongoing |

Is there an event(s) that might have triggered inappropriate litterbox use? _____

Did this cat visit a veterinarian to rule out a health issue that may be causing inappropriate litter box use?

Yes No If yes, what was the result? _____

Medical History of Cat

Name of veterinary clinic: _____

When was the last time this cat visited a veterinarian? _____

Has this cat ever had a medical condition or surgery (other than spay/neuter)? _____

Yes _____ No

Did this cat have any recent trouble with fleas or ticks? Yes No

Is this cat declawed? Yes No

Other relevant information about this pet: _____

Please email this completed form to our Admissions Team at Admissions@AnimalHumaneNM.org or print and bring it to your appointment. Thank you.