Cat Surrender Profile

Please complete this form prior to your admissions appointment.

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? _______________________________________________________________

**FOR STAFF USE ONLY**

Name of Pet: ________________________________
A# ______________ Data Entry completed by ________________________ on _______________

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**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

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**Behavioral History**

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

- □ Inside only
- □ Inside in cold weather
- □ Outside only
- □ Outside in warm weather
- □ In barn or shed
- □ Indoors at night
- □ Garage or basement
- □ Indoors with outdoor access
- □ Other ________________________________

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

- □ Bedroom
- □ At the window
- □ Kitchen
- □ Outside only
- □ Living room
- □ Barn or shed
- □ Garage or basement
- □ Wherever people were
- □ Hiding
- □ Other ________________________________
How would you describe this cat most of the time? (Please check all that apply)

☐ Friendly with family  ☐ Playful
☐ Friendly with visitors  ☐ Fearful
☐ Shy with family  ☐ Affectionate
☐ Shy with visitors  ☐ Lap cat
☐ Acts like a dog  ☐ Fearless
☐ Very active  ☐ Independent

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

☐ Does not like to play
☐ Plays not like to play
☐ Likes gently (not with teeth/claws)
☐ Likes to play rough (sometimes uses teeth/claws)
☐ Likes things that make noise (paper bags, crinkle balls, etc.)
☐ Likes to play fetch
☐ Likes to play in/around water
☐ Knows tricks

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)

☐ Loved each other
☐ Slept near each other
☐ Cat rubbed on dog
☐ Peacefully coexisted
☐ Played together
☐ Ignored each other
☐ Dog chased cat
☐ Cat tormented dog
☐ Cat was afraid of the dog
☐ Fought with injuries
☐ Fought without injuries

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)

☐ Loved each other
☐ Slept near each other
☐ Peacefully coexisted
☐ Played together
☐ Ignored each other
☐ This cat was afraid of other cat
☐ Other cat was afraid of this cat
☐ This cat tormented the other cat
☐ Fought with injuries
☐ 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)

☐ Cat avoided child
☐ Ignored each other
☐ Child could pet cat
☐ Cat hissed/growled at child
☐ They played together
☐ They loved each other
☐ Other __________________
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)

- Jumps on counters
- Scratches doors/cabinets
- Scratches furniture
- Chews personal items
- Chews plants
- Climbs curtains

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

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

- Dry only
- Canned only
- Combination of dry and canned
- 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? ________________________________

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**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:

- Urinates outside the box
- Defecates outside the box
- Sprays on walls/furniture
- Urinates on clothing/furniture

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

- Never
- Multiple times a day
- Once a day
- A few times a week
- Once a week
- Less frequently

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

- Unscented
- Scented
- Clumping
- Non-clumping
- Crystals
- Clay
- Pine
- 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?

- Within the last month
- Within the past year
- 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.