



# Humane Society of West Michigan Cat Surrender Form

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Cat and Household Information

Has your cat bitten in the last ten (10) days? \_\_\_\_\_

Shelter Arrival Date: \_\_\_\_\_

Cats Name: \_\_\_\_\_ Cats age or approximate age: \_\_\_\_\_

Cats Sex:  Male  Female  Unsure

Is cat spayed/neutered?  Yes  No  Unsure

What kind of I.D. does your cat have?  Tattoo (If so, where is it located) \_\_\_\_\_  
 Microchip

Is the cat declawed?  Front  Both  Not declawed

If declawed, when was it done?  As a kitten  Older than 6 months

## History

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

If surrender reason is behavioral, please explain: \_\_\_\_\_

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

How long have you owned your cat? \_\_\_\_\_

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

Where did you acquire this cat?

Humane Society of West Michigan  Friend/Family  Newspaper/Website  Breeder

Petstore: \_\_\_\_\_  Another shelter: \_\_\_\_\_ Other: \_\_\_\_\_

## Medical History

Did the cat see a veterinarian at least once per year?  No  Yes (name of clinic) \_\_\_\_\_  
Is the cat current on vaccinations?  No  Yes  Unsure  
Has this cat ever had surgery?  No  Yes  Unsure  
If yes, please explain: \_\_\_\_\_

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

- |  |   |                                       |                                   |
|--|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Upper respiratory infection | <input type="checkbox"/> Thyroid disease              | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Tumors   |
| <input type="checkbox"/> Epilepsy or seizures        | <input type="checkbox"/> Organ failure                | <input type="checkbox"/> Allergies    | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Urinary tract infection     | <input type="checkbox"/> Other (please explain) _____ |                                       |                                   |
- 

## Personality

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

- |   |                                    |                                       |                                       |
|---|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly to family   | <input type="checkbox"/> Active    | <input type="checkbox"/> Goofy        | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful   | <input type="checkbox"/> Aloof        | <input type="checkbox"/> Withdrawn    |
| <input type="checkbox"/> Shy to family        | <input type="checkbox"/> Talkative | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent  |
| <input type="checkbox"/> Shy to visitors      | <input type="checkbox"/> Quite     | <input type="checkbox"/> Lap cat      | <input type="checkbox"/> Sassy        |
| <input type="checkbox"/> More like a dog      | <input type="checkbox"/> Fearful   | <input type="checkbox"/> Fearless     | <input type="checkbox"/> Solitary     |

## Play Style

How does your cat like to play? (check all that apply)

- Plays gently, does not usually use teeth or claws
- Likes to play rough, may bite or scratch
- Likes to chase & pounce with variety of toys
- Likes things that crackle, such as paper bags
- Likes to play hide & seek
- Will fetch items like bottle caps or toys
- Chases bugs or moths
- Likes to play in or around water
- Likes to learn tricks for treats
- Likes to play with other cats
- Likes to play with dogs
- Not interested in play
- Other \_\_\_\_\_

## Lifestyle & Home Life

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Indoors only             | <input type="checkbox"/> Outdoors only               | <input type="checkbox"/> Indoors at night   |
| <input type="checkbox"/> Indoors in cold weather  | <input type="checkbox"/> In barn or shed             | <input type="checkbox"/> Screened porch     |
| <input type="checkbox"/> Outdoors in warm weather | <input type="checkbox"/> Indoors with outdoor access | <input type="checkbox"/> Garage or basement |

Where did your cat spend most of his or her time? (check all that apply)

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Adored each other    | <input type="checkbox"/> Fought without injuries |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Fought with injuries    |
| <input type="checkbox"/> Played together      | <input type="checkbox"/> Caused this cat stress  |
| <input type="checkbox"/> Ignored each other   | <input type="checkbox"/> Groomed each other      |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Played together    | <input type="checkbox"/> Avoided each other    |
| <input type="checkbox"/> Fought with injuries    | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Caused cat stress     |
| <input type="checkbox"/> Cat rubbed on dog       | <input type="checkbox"/> Dog chased cat     | <input type="checkbox"/> Groomed each other    |
| <input type="checkbox"/> Peacefully coexisted    | <input type="checkbox"/> Cat tormented dog  | <input type="checkbox"/> Slept near each other |

Has the cat regularly been around children?  Yes  No  Unsure

If yes, what ages? \_\_\_\_\_

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

- Cat avoided children
- Ignored each other
- Cat hissed and growled
- Child could pet cat
- Child and cat played together

Have the experiences with the cat and child(ren) always been positive?  Yes  No

If no, please explain: \_\_\_\_\_

Is this cat more comfortable with:  Women  Men  Children  Seniors  Loves all people

How would you describe the ideal home for your cat? \_\_\_\_\_

Please tell us some things you love about this cat? \_\_\_\_\_

Are there any quirks or habits you are not fond of in your cat? \_\_\_\_\_

Does the cat do any of the following? (check all that apply)

- Scratch furniture     Chew Plants     Jump on counters  
 Chew personal items     Climb curtains     Scratches doors/cabinets  
 Other \_\_\_\_\_

How did you attempt to correct this problem? \_\_\_\_\_

## Dietary Habits

What is the cat's favorite brand of food? \_\_\_\_\_

Which does your cat eat?     Dry only     Canned only     Wet and dry     People food

What type of treats does your cat enjoy? \_\_\_\_\_

How often is your cat fed?     Food always available     Designated meal times

## Litter Box Habits

We ask so many questions about litter box use because it is one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavior issues involved.

Does your cat have access to a litter box in the house?     Yes     No  
If no, does your cat use the bathroom outdoors?     Yes     No

What type of litter box?     Covered     Uncovered

How many litter boxes to you have? Where are they located? \_\_\_\_\_

Does your cat do any of the following:

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

How often is the litter scooped?     Everyday     Every few days     Weekly     Rarely

What type of litter used?     Non-clump     Crystals     Unscented     Scented     Clumping     Pine

Are there any other animals in the home?     No     Other cats     Dogs     Rodents     Birds

If any other cats live in the home, how many share a litter box?

- One     Two or more     Many cats share     Multiple litter boxes for multiple cats

If litter box accidents were an issue, when did they begin?     Past month     Past year     Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use? \_\_\_\_\_

\_\_\_\_\_

Please describe the measures you have taken to correct this problem \_\_\_\_\_

\_\_\_\_\_

Has your cat been to the veterinarian to rule out infection or underlying health issues?     Yes     No

If yes, what was the outcome? \_\_\_\_\_

Please tell us any additional comments about your feline friend. \_\_\_\_\_

\_\_\_\_\_

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