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:      O Male  O Female  O Unsure

Is cat spayed/neutered?  O Yes  O No  O Unsure

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

Is the cat declawed?  O Front  O Both  O Not declawed

If declawed, when was it done?  O As a kitten  O 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?

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

O Petstore: ___________________ O Another shelter: ___________________ Other: ___________________
Medical History

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

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

O Upper respiratory infection  O Thyroid disease  O Heart murmur  O Tumors
O Epilepsy or seizures  O Organ failure  O Allergies  O Diabetes
O Urinary tract infection  O Other (please explain) __________________________________________________________________________

Personality

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

O Friendly to family  O Active  O Goofy  O Couch potato
O Friendly to visitors  O Playful  O Aloof  O Withdrawn
O Shy to family  O Talkative  O Affectionate  O Independent
O Shy to visitors  O Quite  O Lap cat  O Sassy
O More like a dog  O Fearful  O Fearless  O Solitary

Play Style

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

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

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

- O Indoors only
- O Indoors in cold weather
- O Outdoors in warm weather
- O Outdoors only
- O In barn or shed
- O Indoors with outdoor access
- O Indoors at night
- O Screened porch
- O Garage or basement

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

- O Barn or shed
- O Garage or basement
- O Wherever people are
- O Outdoors only
- O Indoors only
- O Living room
- O Kitchen
- O At the window
- O Other

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

- O Adored each other
- O Peacefully coexisted
- O Played together
- O Ignored each other
- O Fought without injuries
- O Fought with injuries
- O Caused this cat stress
- O Groomed each other

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

- O Fought without injuries
- O Fought with injuries
- O Avoided each other
- O Caused cat stress
- O Groomed each other
- O Slept near each other
- O Played together
- O Ignored each other
- O Dog chased cat
- O Cat chased dog
- O Cat tormented dog
- O Avoided each other
- O Caused cat stress
- O Groomed each other
- O Slept near each other

Has the cat regularly been around children?   O Yes   O No   O Unsure

If yes, what ages? ____________________________________________

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

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

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

If no, please explain: _________________________________________

Is this cat more comfortable with:   O Women   O Men   O Children   O Seniors   O 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  
- Chew personal items  
- Climb curtains  
- Jump on counters  
- 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 do 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?  O Past month    O Past year   O 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?  O Yes   O No

If yes, what was the outcome?  

Please tell us any additional comments about your feline friend. 

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