



Surrender Cat Profile

Your honesty on this profile is extremely crucial to finding the right placement for this pet. Please be honest and thorough.

Case Number: _____

Surrender Date: _____

Part I – Basic Information

Pet's Name: _____ Sex: _____ Spayed/Neutered? _____

Breed: _____ Color: _____

Declawed? Yes No

Where did you get your cat? _____

If s/he was acquired from a previous owner, s/he was rehomed to you because: _____

How long have you owned this cat? _____

Why are you surrendering the cat? _____

How long has this been an issue? _____

If the reason is behavioral what training/modification have you implemented to try to rectify the issue?

Does s/he have any past or present medical concerns? If yes, please list below:

What vet clinics has s/he been to: _____

Whose name would the records be under? _____

Is s/he on any medication? If yes, please list: _____

When was the last time s/he was given Flea/tick Preventative: _____

Part 2 – Litterbox Habits

Is the litterbox: Covered Uncovered

Is s/he particular about litter, the box, or where it's placed?

No Yes, about what: _____

What type of litter did you use? Clay Clumping Paper Other: _____

How many litterboxes do you have? _____

Where are the litterboxes located? _____

Is s/he litter trained? No Mostly Yes – **If yes move to Part 3 – Reactive/Aggression History**



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Litterbox Profile (if your cat is fully litterbox trained skip to Part 3)

How long has this been an issue? _____

Was s/he taken to the vet to rule out potential health related issues? Yes No

What behavioral modification or solutions have you attempted to resolve the issue?

What was the outcome of the attempts?

Does s/he have access to the litterbox at all times? Yes No

How often do accidents occur? Daily Every few days Weekly 1-2 times a month
 Rarely Only happened once

Accidents can be described as: Urinates outside the box Defecates outside the box
 Urinates/defecates near box Sprays on walls, windows, doors, etc.

Where do the accidents occur? On carpets/rugs On hard surfaces On clothing
 On furniture/bed Other: _____

Does there appear to be a pattern as to where/when the accidents happen? No Yes
If yes, please explain:

What product is used to clean the area: Soap & Water Vinegar Carpet Cleaner
 Nature's Miracle Bleach Other: _____

The litter in my box is (please mark all that apply):

Unscented Clumping Yesterday's News Clay
 Scented Non-clumping Crystals Other: _____

Are the litterboxes located near high noise/traffic areas? (washer/dryer, furnace, kitchen...) Yes No

How many litterboxes are in the home? _____

If other cats are in the home:

How often was the litterbox scooped?

How many other cats are there? _____

Daily Every other day
 Weekly Rarely

Did they share litterboxes? Yes No

Were other animals guarding/blocking cat from using the litterbox? No Yes

When the accidents started, the following changes occurred in my household:

New baby/roommate Declawed New dog/cat
 Re-model household Schedule Change Diarrhea/Constipation
 Outdoor cat started appear outside home Other: _____



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Part 3 – Reactive/Aggression History

Please check any of the following behaviors that your cat has ever exhibited:

- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Hiss | <input type="checkbox"/> Lunge | <input type="checkbox"/> Swats (with & without injury) |
| <input type="checkbox"/> Freeze | <input type="checkbox"/> Growl | <input type="checkbox"/> Bite without breaking skin |

Please explain the situation(s) in which the above behaviors occurred:

Did the bite(s) break skin? Yes No – **If no please move to Part 4 – General Behavior History.**

If yes, was the most recent bite within the last 10 days? Yes No

How many times have they broken skin? _____

Check the bite level of the **most serious bite**.

Level 1 – Teeth touch skin but no visible damage

Level 2 – Teeth touch skin, minor surface abrasions possible, may have minor scratches from paws/nails.

Level 3 – Teeth scrape skin and cause bleeding, no punctures.

Level 4 – Punctures ½ length of a canine tooth or less, one to four holes, single bite. Bruising.

Level 5 – One to four holes from a single bite, one hole deeper than ½ the length of canine tooth. Black bruising, tears and/or slashing wounds. Cat clamped down and shook or slashed victim.

Level 6 – Any bite resulting in the death of a person or animal

Explain the circumstances of the various bites, including the situation up to the incident, what caused your cat to bite, and who or what the cat bit/attempted to bite:

First Incident- Person Animal Species: _____

Situation leading up to the bite:

What caused your cat to bite:

Second Incident- Person Animal Species: _____

Situation leading up to the bite:

What caused your cat to bite:

Third Incident- Person Animal Species: _____

Situation leading up to the bite:

What caused your cat to bite:



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Part 4 – General Behavior History

Please choose a maximum of three attributes that best describe your cat:

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Active | <input type="checkbox"/> Quiet | <input type="checkbox"/> Hyper |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Playful | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Plays rough | <input type="checkbox"/> Destructive | |

How would you describe your cat? (Please select all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Family Cat (with children) | <input type="checkbox"/> Lap Cat |
| <input type="checkbox"/> For Adults Only | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Other, if other please explain | |
-

Does your cat have a preferred scratching surface or material? Yes No

Please describe the material and locations:

Does s/he scratch on inappropriate surfaces/materials? Yes No

If yes, please describe the materials and locations:

What behavior modification have you implemented to try to rectify the issue?

Does s/he have any sensitive areas, areas that s/he doesn't like to be touched?

How does s/he react when being put in a carrier?

Please select one of the following, your cat is:

- Indoor only Indoor/Outdoor Mostly/Strictly outdoor

Describe your cat's ideal home: _____

Where does s/he sleep at night? _____

What is her/his favorite treat? _____

Does s/he like to play with toys? If so what kinds?



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Part 5 – Interactive Behavior History

Does your cat live with or has lived with other cats? Yes No

If yes, describe the typical interactions between your cat and other cats:

Does your cat live with or has lived with dogs? Yes No

If yes, describe the size of the dog(s) and the typical interactions between the cat and the dogs:

Has your cat lived with or interacted with children? Yes No

If yes, what ages of children: _____

Describe your cat’s typical interactions with children:

Please check all behaviors listed below that your cat has **ever** shown. Please note that bite = teeth come in contact with skin even if no visible damage.

What behaviors has your cat shown in the following situations?		No history/ unknown N/A	Friendly	Afraid/ Runs	Includes walks away Ignores	Growls, hisses, swats Grumpy	includes attempts Bites
When disturbed while sleeping or resting	You and your family						
	Your other animals						
	Unfamiliar People						
	Comments:						
Over owner’s attention	You and your family						
	Your other animals						
	Unfamiliar People						
	Comments:						
During a Veterinary Exam	Unfamiliar People						
	Comments:						
Body Handling (brushing, petting, nail trimming, being picked up)	Brushing/Grooming						
	Petting						
	Nail Trim						
	Being Picked-Up						
	Comments:						
When someone enters your house	You and your family						
	Your other animals						
	Unfamiliar People						
	Comments:						



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Additional Comments – please write anything you would like to add about your cat below.