



Addison County Humane Society
236 Boardman Street
Middlebury, VT 05753
Phone: 802-388-1100
Fax: 802-382-9320

Cat Surrender Profile

Animal ID # _____

No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about history, past veterinary care, likes, dislikes and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

General Information

Shelter Arrival Date: _____
Cat's Name: _____ Age or approximate age: _____
Breed: _____
Sex: Male Female Not sure
Is cat spayed/neutered? Yes No Not sure
What kind of I.D. does this cat have? Tattoo Microchip Not sure
Is this cat declawed? Front All Not declawed
If declawed, when? As a kitten As an adult Acquired declawed

History

Why are you surrendering your cat? _____
How long have you owned this cat? _____
Including yours, how many homes has this cat had? _____
Where did you acquire this cat? This Humane Society Born in my home
 Breeder Pet store Friend/Relative
 Newspaper ad Found as a stray Other _____
 Another Shelter (Name) _____

Medical History

Previous veterinarian: _____
Did the cat see a veterinarian at least once a year? Yes No Not sure
Is this cat current on vaccinations? Yes No Not sure
Has this cat been hit by a car or required other surgery? Yes No Not sure
If yes, please explain: _____
Has this cat been diagnosed with and/or treated for any of the following: *(check all that apply)*
 Allergies Heart murmur Epilepsy or seizures
 Thyroid disease Tumors Urinary tract infection
 Upper respiratory infection Organ Failure
 Diabetes Other _____
Does this cat need any medication? Yes No Not sure
If yes, please describe _____

Personality & Behavior

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

- Very active
- A clown
- Shy to visitors
- Affectionate
- Quiet
- Playful
- Solitary
- Friendly to family
- Couch potato
- Playful
- Independent
- Lap cat
- Fearless
- More like a dog
- Friendly to visitors
- Shy to family
- Talkative
- Aloof
- Withdrawn
- Fearful
- Other _____

Where does this cat dislike being petted? _____

Does this cat like catnip? Yes No

How has this cat ever acted aggressively toward a person?
 Bitten Broken skin Scratched Growled Not aggressive

Please describe situation fully _____

What have you done to correct the problem? _____

Play Style

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

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

Lifestyle & Home Life

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

- Indoors only
- Garage or basement
- In barn or shed
- Indoors in cold weather
- Other _____
- Outdoor only
- Indoors with access to outside
- Screened porch
- Outdoors in warm weather
- Indoors at night

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

- Bedroom
- Garage or basement
- At the window
- Kitchen
- Barn or shed
- Other _____
- Living Room
- Where people are
- Outdoors only

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

- Adored each other
- Slept near each other
- Fought without injuries
- Groomed each other
- Other _____
- Played together
- Peacefully coexisted
- Fought with injuries
- Caused this cat stress
- Sniffed noses
- Ignored each other
- Rough with others
- Gentle with others

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

- Adored each other
- Groomed each other
- Peacefully coexisted
- Fought with injuries
- Cat feared dog
- Other _____
- Slept near each other
- Cat rubbed on the dog
- Ignored each other
- Dog chased cat
- Sniffed noses
- Avoided each other
- Played with each other
- Fought without injuries
- Cat tormented dog
- Caused this cat stress

Has this cat been regularly been around children? Yes No Not sure

If yes, what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

What ages of children would you recommend for this cat?

- 0-2 yrs.
- 3-5 yrs.
- 6-10 yrs.
- 11-18 yrs.
- No children under 18

If this cat lived with children under the age of 5, how did they interact? (check all that apply)

- Cat actively avoided child
- Cat & child played together
- Ignored each other
- Other _____
- Child could pet the cat
- Cat hissed or growled at child
- Mutual adoration

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

If no, please explain _____

Is this cat most comfortable with Women Men Kids Teenagers Seniors Loves all people

How would you describe the ideal home for your cat? _____

Please tell us some things you truly love about this cat! _____

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

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

- Jumps on counter/tables
- Scratch doors/cabinets
- Other _____
- Scratch furniture
- Chew personal items
- Chew plants
- Climb curtains

How did you attempt to correct the problem(s)? _____

Dietary Habits

What is your cat's favorite brand of food? Dry _____ Can _____

Which does your cat eat? Dry only Canned only Combination of dry & canned People food _____

What type of treats does your cat enjoy? _____

How often do you feed your cat? Food always available Fed once a day Fed twice a day

Does this cat need a special diet? Yes No

If yes, please describe _____

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 behavioral issues involved.

Did your cat have access to a litter box in the house? [] Yes [] No
If no, did the cat use the bathroom only outdoors? [] Yes [] No
If yes, did your cat use the litter box? [] Yes [] No [] Sometimes
If sometimes, how often does the cat make mistakes? _____

Please describe the accidents:
[] Urinates outside the box [] Urinates on clothing/furniture
[] Defecates outside the box [] Sprays on wall/furniture
[] All of the above [] Other _____

How often was the litter box scooped? [] Every day [] Every few days [] Weekly [] Rarely
What type(s) of litter was used? [] Unscented [] Scented [] Clumping
[] Non-clumping [] Crystal [] Clay [] Pine
[] Yesterday's News [] Other _____

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

If other cats, how many shared a litter box?
[] One [] Two or more [] Many cats shared [] Multiple 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 what 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? _____

I give my veterinarian (hospital) _____, permission to release any and all medical information about my animals to the Addison County Humane Society.

Signature _____
Print Name _____
Date _____

Please use the rest of the page to add any additional comments about your feline friend.
Thank you!

