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**Feline Surrender Profile**

The following questionnaire provides us with important information that may assist us in finding your cat a new home. Your open and honest answers are necessary so that we can find the best possible solution for your pet.

1.

Pet Name	Sex	Spayed/Neutered
Breed	Color	Age
How long have you owned the cat?	Is the cat declawed? <input type="checkbox"/> No <input type="checkbox"/> Front Paws Only <input type="checkbox"/> All Four Paws	

2. Why are you surrendering this pet?

3. If the reason for surrender is due to behavioral problems, please explain and explain any corrective actions you have taken to correct the issue.

4. What other animals did this pet live with?

5. What best describes your cat's personality? (Check all that apply)

- |                                   |   |   |   |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Lap Cat  | <input type="checkbox"/> Independent    | <input type="checkbox"/> Fun            | <input type="checkbox"/> Quiet                |
| <input type="checkbox"/> Active   | <input type="checkbox"/> Fearless       | <input type="checkbox"/> Aggressive     | <input type="checkbox"/> Timid                |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Withdrawn      | <input type="checkbox"/> Easy going     | <input type="checkbox"/> Fearful              |
| <input type="checkbox"/> Playful  | <input type="checkbox"/> Good with kids | <input type="checkbox"/> Good with cats | <input type="checkbox"/> Good with other dogs |

6.

<b>Including yourself, how many people of the following ages live in the home with the cat?</b>	Female	Male
0-3 years		
4-12 years		
13-18 years		
Adult		

For Office Use Only:

Animal Name: \_\_\_\_\_ Animal ID #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

7. Where does your cat spend most of his/her time?
8. What toys does your cat like?
9. Is your cat allowed on the furniture?  Yes  No
10. Does your cat have potty accidents in the house?  
 No  Yes, How Frequently?
11. Do you know what may be causing the misbehavior?
12. What steps have you taken to correct the problem?
13. Has the cat been to a veterinarian to rule out any underlying medical issue that may cause the misbehavior?  
 No  Yes, Which Veterinary Clinic?
14. What brand and type of cat litter do you use? **Brand:**  
 Scented  Unscented  Clumping  Clay  Crystals  Pine  Other
15. Where do you keep the litter box(es)?
16. How many litter boxes do you have for this cat?
17. How often do you scoop/clean the litter box(es)?
18. Is the litter box covered or uncovered?  Covered  Uncovered
- 19.

<b>How does your cat usually behave toward the following?</b>	Never Encounter	Friendly	Afraid	Bites	Hides
Men					
Women					
Children					
Strangers					
Dogs					
Other Cats					

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Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

20. Where does your cat stay when home alone?

21. Where does your cat usually sleep overnight?

22. Veterinarians' Name/Clinic

Phone:

23. Is your cat current on vaccinations?  No  Yes

24. Has your cat been tested for Feline Leukemia?  No  Yes

25. Has your cat been tested for Feline Immunodeficiency Virus (FIV)?  No  Yes

26. Has your cat received any flea preventative?  No  Yes, Date last given:

27. Does your cat have any past or present medical conditions?  No  Yes

- Please list:

28. Is your cat currently on any medication or a special diet?  No  Yes

- Please list:

29. What brand/type of food does your cat normally eat?

30. When do you feed your cat?

31. What would you like for adopters to know about this cat?

**By signing below, you certify that all information provided in this questionnaire is accurate and truthful to the best of your knowledge.**

Owner \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Animal Name: \_\_\_\_\_ Animal ID #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_