CAT SURRENDER PT 1 – Household History

Cat's name:
How old is your cat?   years.   **If known, Birthday:**
How long have you had your cat?   years
Why are you giving up this cat?
Where did you acquire your cat? □ **Animal Shelter/Rescue (name of shelter or rescue):** □ **Breeder (Name and location of Breeder):** □ **Other:**
Please describe your household: □ **Quiet**   □ **Active**   □**Noisy**
Has your cat lived with: □ **Men** □ **Women** □ **Children (age/s):**
How does your cat react to the <u>men</u> in the household? □ **Friendly** □ **Playful** □**Ignores** □ **Avoids/runs away** □**Afraid**   □ **Hisses/Growls**   □**Scratches**   □**Bites**   □**No men in household**
How does your cat react to the <u>women</u> in the household? □ **Friendly** □ **Playful** □**Ignores** □ **Avoids/runs away** □**Afraid**   □ **Hisses/Growls**   □**Scratches**   □**Bites**   □**No women in household**
How did your cat react to the <u>children</u> in the household? □ **Friendly** □ **Playful** □**Ignores** □ **Avoids/runs away** □**Afraid**   □ **Hisses/Growls**   □**Scratches**   □**Bites**   □**No children in household**
What other animals did your cat live with? □ **No other animals in household** □ **Dogs #: _____**   □**Breed: _____** □ **Cats # males: _____**   **# females:_____** □ **Other (specify) :**
How does your cat get along with the <u>cats in</u> your household? □ **Friendly** □**Playful** □**Tolerant** □ **Afraid** □ **Ignores** □ **Hisses** □ **Growls** □ **Swats** □ **No other cats in household**
How does your cat get along with <u>cats outside</u> of your household? □ **Friendly** □**Playful** □**Tolerant** □ **Afraid** □ **Ignores** □ **Hisses** □ **Growls** □ **Swats** □ **Never sees cats outside of the household**
How does your cat get along with the <u>dogs</u> in your household? □**Friendly** □**Playful** □**Tolerant** □ **Afraid** □ **Ignores** □**Hisses** □**Growls** □ **Swats**   □**Scratches** □**No dogs in household**

CAT SURRENDER PT 2 – Cat's Litterbox History

Do you provide your cat with a litterbox? □ **Yes** □ **No**
How many?
Is it covered?   □**Yes** □ **No**
Do you use liners?   □**Yes** □ **No**
How often is it scooped?
Changed completely?

Where are the litterboxes located?
What type of litter do you provide? □Clay □Clumpable □Crystals Other:
Does your cat have accidents in the house?   □Yes □No □ Not any longer
If NO, skip to the next section.
If YES, Does your cat: □ Urinate □ Defecate □Both
Have you noticed your cat having difficulty urinating or having blood in the urine?   □Yes □ No
Have you taken your cat to your veterinarian for your cat's housesoiling problem? □Yes □No
How long has your cat had this problem?
How often does your cat have accidents? □ Daily □ One or more times weekly □ One or more times a month □ Occasionally
Please describe the accidents: □ Right outside the box: □ urine   □ feces Anyplace: □ urine □ feces   In bathtub: □ urine □ feces On furniture: □ urine □ feces   On clothing: □ urine □ feces Sprays (urinates) on walls and furniture: Other:
Can you pinpoint an event(s) that might have triggered the problem? □ Move □ New person in home   □ New pet: What kind?   □ Fighting with household cat □ Changed litter or litterbox (including changed covers) □ Changed location of litterbox Other:
Please describe any measures you have taken to correct this problem : _____ _____ _____

CAT SURRENDER PT 3 - Cat's Behavior History:

How many hours of the day is your cat: **Indoors: (hrs/day) _____** **Outdoors: (hrs/day) _____**
If outdoors, is your cat: □ Allowed to Roam   □ Supervised □ Harnessed   □Screened Room/Porch
How long is your cat left alone, without people? □ Never   □ 1-3 Hrs □ 4-8 Hrs □9-12 Hrs   □ Over 12 Hrs
When alone, is your cat: □ Free in the house   □ Confined to a room   □ Outside
Does your cat like to be held? □ Yes □ Tolerates □ No, Struggles □ No, Scratches or Bites
Does your cat like to be petted? □ Yes   □ Tolerates □ No, Struggles □ No, Scratches or Bites
Is your cat a lap cat? □ Yes, often   □ Yes, on occasion □ Rarely □Never
Where does your cat NOT like to be touched: □ Ears □Paws □Tail □Stomach Other:
If touched in the above place(s), how does your cat respond? □ Does nothing □Moves away   □Growl □ Hiss □Swat □Scratches □Bites Other:

How does your cat play? □ Gentle □ Somewhat rough □Very rough □ Doesn't play
If your cats plays with people, does he/she: □Grab with claws □ Scratch □ Bites lightly □Bites hard
What toys does your cat like? □None □Balls □Catnip □Wand toy □Fuzzy Mice □ Hacky Sack **Other:**
How does your cat respond to <u>visitors</u>? □ Friendly □Playful □Ignores □Afraid □Hides □Hisses/growls □Scratches □Bites
How does your cat respond to <u>children</u>? □ Friendly □Playful □ Ignores □ Afraid □Hides □Hisses/growls □ Scratches □ Bites □Never sees children
Is your cat frightened of anything? □ Thunder □Loud noises □ Vacuum □ Dogs □Cats □Men □Women □Children □Strangers **Other:**
Please tell us about your cats "bad habits": □ Scratches furniture □Scratches rugs □ Door Dashes □ Chews/Digs in plants □ Jumps on counters □Knocks things off shelves □Vocal □Hunts **Other:**
To your knowledge has as your cat ever bitten a person? □ Yes □ No **If <u>yes</u> please describe in detail** _____ _____ _____
Has your cat ever bitten another animal □ Yes □ No **If <u>yes</u> please describe** _____ _____ _____
Did the person require medical care? □ Yes □ No
If yes, please explain:
Has your cat ever scratched a person? □ Yes □ No
Have you ever provided a scratching post for your cat? □ Yes □No
If yes, what kind? □ Carpet □Rope □ Cardboard
Where was the post?
Did the cat use the post? □ Yes □ No
Is your cat allowed on: □Counters □ Furniture □ Bed □Table □Shelves
Where does your cat sleep at night?
Is your cat accustomed to: □ Bathing □Brushing □Nail trimming □Medicating
How does your cat behave in the car? □ Cries □ Vomits □Tries to escape □ Urinate/Defecate □Does nothing

CAT SURRENDER PT 4 - Cat's Medical History

Did your cat see a veterinarian on a regular basis? □ Yes □ No
If yes, what is your vet hospital's name?
How did your cat behave at the veterinarian? □ Friendly □Tolerant □Afraid □Hisses □Swats/Bites
Does your cat have any past or present medical conditions? □Yes □No **If yes, what are they?**
Is your cat currently on any medications or special diets?
Is your cat spayed or neutered? □Yes □ No **If yes, at what age?**
Declawed? □Yes □ No **If yes,** □Front feet only □ All four feet

What type of food does your cat eat?   □Dry □Wet/Canned   □Mixed
What brand?
What flavor?
Does your cat get table scraps?   □Yes   □ No
Does your cat get treats? □ Yes   □ No
This cat is best described by the following words: □ Playful   □Rambunctious □ Affectionate □Talkative   □Couch Potato   □Destructive
This cat would do well in a home with the following: **Kids:** □Of any age □Ages 5 and over □Ages 9 and over □Ages 14 and over   □No kids at all   **Other Animals:**   □With both cats and dogs   □With cats only □ With dogs only □With no dogs □With no cats   □With no other animals at all   Other:_____   **Visitors:** □Many visitors   □ Few visitors   □No visitors   **Someone home:** □ All day   □Most of the day   □In the mornings and evenings
Please feel free to tell us any additional helpful information:

The section below must be completed if the cat has bitten an animal or human.

Has this cat bitten a human?   Yes   No

Approximately how many times has this cat bitten a human? _____

What do you feel triggered the bite or are their details to help explain why the cat bit someone?

What part of the body did they bite?

Head/Face _____   Arm(s)_____   Hand(s)_____ Torso _____   Leg(s)_____   Ankle/Foot _____

Did it require medical attention?   Yes   No

Did the cat break skin multiple times in one incident?   Yes   No

Has the cat ever bitten another animal?   Yes   No

      If yes, how many known times? _____

      If yes, what species did the cat bite? _____

Was the bite fatal or require extensive veterinary care?

Was the bite reported to an Animal Control agency? (Loudoun County Animal Services or another municipal animal control)?   Yes   No