



## CAT SURRENDER PROFILE SAVE ONE ANIMAL RESCUE

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 the 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

Cat's Name \_\_\_\_\_ Age or approximate age \_\_\_\_\_  Male  Female

Is the cat spayed or neutered?  Yes  No  Not Sure  
What kind of ID does the cat have?  Tattoo  Microchip  None  
Is this cat declawed?  Front  All  Not declawed  
If declawed, when was it done?  As a kitten  As an adult  Acquired as declaw

### History

Why are you surrendering your cat? \_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping the cat? \_\_\_\_\_

How long have you owned the cat? \_\_\_\_\_

Including your current home, how many homes has this cat had? \_\_\_\_\_

Where did you acquire this cat?

- Found as stray  From SOAR  From another shelter  Newspaper Ad  
 Friend/relative  Pet Store  Breeder  Born in my house  
 Other \_\_\_\_\_

### Medical History

Did the cat see a veterinarian at least once per 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  Upper Respiratory Infection  Heart murmur  
 Epilepsy or seizures  Thyroid disease  Tumors  
 Urinary Tract infection  Organ failure  Diabetes  
 Other (please explain) \_\_\_\_\_

Name of your veterinarian/clinic \_\_\_\_\_ Phone # \_\_\_\_\_

### Personality

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

- Very active  Friendly to family  Friendly to visitors  A clown  
 Couch potato  Shy to family  Shy to visitors  Playful

- |                                    |                                       |  |                                    |
|------------------------------------|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent     | <input type="checkbox"/> Aloof     |
| <input type="checkbox"/> Quiet     | <input type="checkbox"/> Lap Cat      | <input type="checkbox"/> More like a dog | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Playful   | <input type="checkbox"/> Fearful      | <input type="checkbox"/> Fearless        | <input type="checkbox"/> Solitary  |

Does your cat like to be held?       Yes     No

Sit in lap only                       Doesn't like to be picked up       Likes to sit on your shoulder

Likes to cradle in arms       Cat will come to you for attention  Other \_\_\_\_\_

**Play Style**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Plays gently- does not usually use teeth or claws | <input type="checkbox"/> Likes to play rough, may bite or scratch      |
| <input type="checkbox"/> Likes to chase & pounce with a variety of toys    | <input type="checkbox"/> Likes things that crackle, such as paper bags |
| <input type="checkbox"/> Likes to play hide and seek                       | <input type="checkbox"/> Will fetch items like a bottle cap or toys    |
| <input type="checkbox"/> Chases bugs or moths                              | <input type="checkbox"/> Likes to play in or around water              |
| <input type="checkbox"/> Likes to learn tricks for treats                  | <input type="checkbox"/> Likes to play with other cats                 |
| <input type="checkbox"/> Likes to play with dogs                           | <input type="checkbox"/> Not much interest in play                     |
| <input type="checkbox"/> Other _____                                       |  |

**Lifestyle & Home Life**

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

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Indoors only                   | <input type="checkbox"/> Outdoors only   | <input type="checkbox"/> Indoors at night | <input type="checkbox"/> Garage or basement      |
| <input type="checkbox"/> Indoors with access to outside | <input type="checkbox"/> In barn or shed | <input type="checkbox"/> Screened porch   | <input type="checkbox"/> Indoors in cold weather |
| <input type="checkbox"/> Outdoors in warm weather       | Other _____                              |   |  |

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

- |                                       |   |                                       |   |
|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Bedroom      | <input type="checkbox"/> Kitchen            | <input type="checkbox"/> Living Room  | <input type="checkbox"/> At the window    |
| <input type="checkbox"/> Outdoor only | <input type="checkbox"/> Garage or basement | <input type="checkbox"/> Barn or shed | <input type="checkbox"/> Where people are |
| Other _____                           |   |                                       |   |

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adored each other     | <input type="checkbox"/> Played together         | <input type="checkbox"/> Groomed each other     |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Sniffed noses           | <input type="checkbox"/> Peacefully coexisted   |
| <input type="checkbox"/> Ignored each other    | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Fought with injuries   |
| <input type="checkbox"/> Rough with others     | <input type="checkbox"/> Gentle with others      | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Other _____           |  |   |

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adored each other     | <input type="checkbox"/> Played together         | <input type="checkbox"/> Groomed each other   |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Sniffed noses           | <input type="checkbox"/> Peacefully coexisted |
| <input type="checkbox"/> Ignored each other    | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Cat feared dog        | <input type="checkbox"/> Caused this cat stress  | <input type="checkbox"/> Dog chased cat       |
| <input type="checkbox"/> Cat tormented dog     | <input type="checkbox"/> Cat rubbed on dog       |   |
| <input type="checkbox"/> Other _____           |  |   |

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

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

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cat actively avoided child     | <input type="checkbox"/> Child could pet the cat | <input type="checkbox"/> Cat & Child played together |
| <input type="checkbox"/> Cat hissed or growled at child | <input type="checkbox"/> Ignored each other      | <input type="checkbox"/> Mutual adoration            |
| Other _____   |  |  |

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? \_\_\_\_\_

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

Please tell us something you truly love about this cat: \_\_\_\_\_

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

- Jump on counters/tables  Scratch furniture  Chew plants  
 Scratch doors/cabinets  Chew personal items  Climb curtains

Other \_\_\_\_\_

How did you attempt to correct this problem(s)? \_\_\_\_\_

### **Dietary Habits**

What is the cat's favorite brand of food? \_\_\_\_\_

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 is your cat fed?  Food always available  Designated mealtimes

### **Litter Box Habits**

We ask so many questions about litter box use because it is one of our main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometime a change in environment may be just what the cat needs, and sometimes there are more serious health or behavior issues involved.

Did your cat have access to a litter box in the house?  Yes  No

If no, did your 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 have accidents? \_\_\_\_\_

Please describe the accidents:

- Urinates outside the box  Urinates on clothing/furniture  
 Defecates outside the box  Sprays on walls/furniture  
 All of the above  Other \_\_\_\_\_

How often was the litter box scooped?  Everyday  Every few days  Weekly  Rarely

What type(s) of litter was used?  Unscented  Scented  Clumping  Non-Clumping  
 Crystals  Clay  Pine  
 Yesterday's News Paper  Other \_\_\_\_\_

Are there any other animals in your home?  No  Other cats  Dogs  Birds  Rodents

If other cats, how many shared the 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 a veterinarian to rule out infection or underlying health issues?  Yes  No

If yes, what was the outcome? \_\_\_\_\_

**Thank you for taking time to fill out this information**