



CAT OWNER SURRENDER QUESTIONNAIRE

Name of Cat _____ Date _____

Cat's Age _____ Male _____ Female _____

Spayed or Neutered? Yes/No Microchipped? Yes/No Microchip # _____

Owner/Caretaker: _____ Phone # _____

Address: _____

Please complete the information below to help us better care for your cat and place him/her in a new home.

Reason for surrendering this cat _____

How long have you had this cat? _____ Is it declawed? Yes/No

Is the cat litter trained? Yes/No Describe any litter box issues _____

How does your cat live? Indoor Only Yes/No Indoor/Outdoor Yes/No

Type and brand of food your cat eats _____

Which of the following has your cat lived with? Cats Yes/No Dogs Yes/No Other Animals Yes/No

Children Yes/No If yes, list the children's ages _____

Describe any health problems your cat has: _____

Has this cat ever bitten anyone? Yes/No If yes, why? _____

Date of last vaccinations _____

Name of Vet/Clinic _____ Phone # _____

Signature of Person Surrendering this cat _____

Date _____