



For Office Use only:  
Animal Number:

## Feline Surrender Profile

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Your Cat's Name: \_\_\_\_\_ Sex (please circle): Male Female  
Color: \_\_\_\_\_ Age: \_\_\_\_\_ Declawed? Yes \_\_\_ No \_\_\_  
Is your cat microchipped? Yes \_\_\_ No \_\_\_ Is your cat spayed or neutered? \_\_\_\_\_ If, yes. Date: \_\_\_\_\_  
Who is your veterinarian? \_\_\_\_\_  
Where did you acquire your cat? \_\_\_\_\_  
How old was your cat when you acquired him/her? \_\_\_\_\_ How long has he/she lived with you? \_\_\_\_\_  
Why are you surrendering your cat to the shelter? \_\_\_\_\_

Circle all that apply to describe your cat's personality:

Friendly Shy Independent Fearful Playful Affectionate Aloof Aggressive Vocal

Describe your cat's personality in your own words: \_\_\_\_\_  
\_\_\_\_\_

Where does your cat spend most of his time? Inside \_\_\_\_\_ Outside \_\_\_\_\_ Inside/Outside \_\_\_\_\_  
When inside, where does your cat spend most of the time? \_\_\_\_\_  
If your cat goes outside, does he / she: Stay close to the house? \_\_\_\_\_ Wander off? \_\_\_\_\_ Fight with other cats? \_\_\_\_\_

Does your cat like to sit in your lap? Yes \_\_\_ No \_\_\_  
Does your cat like to be petted? Yes \_\_\_ No \_\_\_ What does he / she do when he / she has had enough petting? \_\_\_\_\_  
Does your cat like to be picked up? Yes \_\_\_ No \_\_\_ What does he / she do if he / she does not want to be picked up? \_\_\_\_\_  
Is your cat afraid of, or uncomfortable with: Women \_\_\_ Men \_\_\_ Children \_\_\_ Infants \_\_\_ None \_\_\_  
What does he / she do when uncomfortable? Run away \_\_\_ Hiss \_\_\_ Swat at \_\_\_ Scratch \_\_\_ Bite \_\_\_  
Does your cat show aggression toward: Family members \_\_\_ Visitors \_\_\_  
If yes, what does he / she do? Hiss \_\_\_ Swat at \_\_\_ Scratch \_\_\_ Bite \_\_\_  
What do you do if your cat becomes aggressive? \_\_\_\_\_

What other animals has your cat lived with? Dogs \_\_\_ Cats \_\_\_ Other \_\_\_\_\_  
How did your cat interact with other cat(s)? Playful \_\_\_ Tolerant \_\_\_ Avoidance \_\_\_ Aggressive \_\_\_ Fearful \_\_\_  
How did your cat interact with dogs? Playful \_\_\_ Tolerant \_\_\_ Avoidance \_\_\_ Aggressive \_\_\_ Fearful \_\_\_

What type of litterbox do you have? Uncovered \_\_\_ Covered \_\_\_ Other \_\_\_ How many boxes do you have? \_\_\_\_\_  
Where are they located? \_\_\_\_\_ What type of litter do you use? Clay \_\_\_ Clumping \_\_\_ Shavings \_\_\_ Other \_\_\_  
Does your cat eliminate outside the litterbox? Yes \_\_\_ No \_\_\_ Urinate \_\_\_ Defecate \_\_\_ Both \_\_\_  
How frequently? Daily \_\_\_ Weekly \_\_\_ Once in awhile \_\_\_  
Where does he / she eliminate if not in the litterbox? \_\_\_\_\_  
How long has your cat been inappropriately eliminating outside the litterbox? \_\_\_\_\_  
If urinating outside the litterbox, is he / she spraying? (urine found on vertical surfaces) Yes \_\_\_ No \_\_\_  
What have you tried to help the inappropriate elimination? \_\_\_\_\_



Does your cat have any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Is your cat currently on medications or a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Feeding: Dry food: Once daily \_\_\_\_\_ Twice daily \_\_\_\_\_ Free food \_\_\_\_\_ Never \_\_\_\_\_ What brand? \_\_\_\_\_

Canned food: Once daily \_\_\_\_\_ Twice daily \_\_\_\_\_ Free food \_\_\_\_\_ Never \_\_\_\_\_ What brand? \_\_\_\_\_

Does your cat like to play? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is his /her favorite toy? \_\_\_\_\_

What is your cat's best quality? \_\_\_\_\_

What is your cat's worst quality? \_\_\_\_\_

Where does this cat sharpen his / her nails? Sofa \_\_\_\_\_ Scratching post \_\_\_\_\_ Rug \_\_\_\_\_ Other \_\_\_\_\_

Where does this cat like to sleep? Sofa \_\_\_\_\_ Chair \_\_\_\_\_ Bed \_\_\_\_\_ Cat bed \_\_\_\_\_ Other \_\_\_\_\_

How do you describe your household? Active \_\_\_\_\_ Noisy \_\_\_\_\_ Average \_\_\_\_\_ Quiet \_\_\_\_\_

Does this cat do any of the following?

Jump on counters or tables \_\_\_\_\_ Climb on curtains \_\_\_\_\_ Hiss, bite or nip \_\_\_\_\_ Exhibit fearfulness or shyness \_\_\_\_\_

Any other behavior issues? \_\_\_\_\_

I swear that the information is true to the best of my knowledge and I have given all the information available to help the Saratoga County Animal Shelter find a loving, new home for this cat.

I give my permission for the Saratoga County Animal Shelter to contact my veterinarian for the purpose of obtaining this cat's medical records.

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

STAFF USE ONLY:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Counseled about alternatives: \_\_\_\_\_ Donation: \$ \_\_\_\_\_