

## Feline Surrender Profile

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Cat's name: \_\_\_\_\_ Color: \_\_\_\_\_ SPCA animal number: \_\_\_\_\_ C

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or neutered? \_\_\_\_\_ Declawed? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you acquire the cat? \_\_\_\_\_

How old was the cat when you acquired him/her? \_\_\_\_\_

How long has this cat lived with you? \_\_\_\_\_

Has your cat visited a veterinarian? \_\_\_\_\_ If so, who is your veterinarian? \_\_\_\_\_

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

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Check 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: \_\_\_\_\_

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Where does your cat spend most of his/her 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 \_\_\_\_\_

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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 she has had enough petting? \_\_\_\_\_

Does your cat like to be picked up? Yes \_\_\_\_\_ No \_\_\_\_\_ What does he/she do if he/she doesn't 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 towards: Family members \_\_\_\_\_ Visitors \_\_\_\_\_

If yes, what does he/she do? Hiss \_\_\_\_\_ Swat at \_\_\_\_\_ Scratch \_\_\_\_\_ Bite \_\_\_\_\_

What do you do if your cat becomes aggressive? \_\_\_\_\_

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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 other dog(s)? Playful \_\_\_\_\_ Tolerant \_\_\_\_\_ Avoidance \_\_\_\_\_ Aggressive \_\_\_\_\_ Fearful \_\_\_\_\_

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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 ever 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 box? \_\_\_\_\_

How long has your cat been inappropriately eliminating outside the litterbox? \_\_\_\_\_

If urinating outside the box is he/she spraying? (urine found on vertical surfaces) Yes\_\_\_ No\_\_\_

What have you tried to help the inappropriate elimination?\_\_\_\_\_

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Does your cat have any medical problems? No\_\_\_ Yes\_\_\_ Describe:\_\_\_\_\_

Is your cat currently on any medications or special diets? No\_\_\_ If yes, what?\_\_\_\_\_

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

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

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

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

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

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

Where does this cat like to sleep? Couch\_\_\_ 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 the counters or tables\_\_\_ Climb the curtains\_\_\_ Hiss, bite or nip\_\_\_ Exhibit fearfulness or shyness\_\_\_

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

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Would you like the new adopter to contact you if they have any questions? Yes\_\_\_ No\_\_\_

At what telephone number? (\_\_\_\_)\_\_\_\_\_

Anything else we should know?\_\_\_\_\_

Are you able to help by making a donation? Yes\_\_\_ No\_\_\_ If yes, how much?\_\_\_\_\_

If the SPCA deems it necessary to euthanize the animal you are returning or surrendering, would you like to be contacted? (Please note that in relinquishing this animal you are relinquishing all rights to the animal, and we offer this service as an optional courtesy that we are not obliged to provide.)

\_\_\_Yes \_\_\_ No Telephone number(\_\_\_\_)\_\_\_\_\_

**Thank you for taking the time to fill out this form. I swear that the information is true to the best of my knowledge and I have given all the information available t help the SPCA of Tompkins County find a loving, new home for this cat.**

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

**STAFF USE ONLY:**

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

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