



Community Cat Connection
289 Thompson Road, Webster, MA 01570
(508) 949-0779
www.ccatconnect.org

Surrender Form

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 history, past veterinary care, likes, dislikes and quirks of your feline friend. ***Being honest about behavioral and health issues will help us find your cat the right new home - and will NOT affect our decision to accept your cat for intake!*** With each cat we take in, we incur significant expenses to provide proper care for the cat. We ask for a minimum of \$55 surrender fee.

Has your cat ever bitten anyone (10) days? Yes No

General Information

Date of surrender: _____

Your Name: _____ Street: _____ City/State/Zip: _____

Best Number to contact you: _____

Cat's Name: _____ Cat's Approximate Age: _____

Cat's Sex: Male Female Unsure Is cat spayed/neutered? Yes No Unsure

Pregnant? Yes No Unknown Is the cat declawed? Yes No

Color/Breed: _____ What kind of I.D. does your cat have? Tattoo (If so, where is it located) _____
 Microchip Does the cat belong to you or a family member? Yes No If yes, please skip to History Section

Is the cat a stray? Yes No If yes, please state the street and town the cat was found on: _____

_____ Date Found: _____ Was the local ACO called? _____

If not a stray, please explain the situation: _____

History

Why are you surrendering your cat? _____

If surrender reason is behavioral, please explain: _____

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

How long have you owned your cat? _____ Including yours, how many homes has this cat had? _____

Medical History and Dietary Habits

Has the cat ever seen a veterinarian? Yes No Unsure If so, which clinic(s)?

Has this cat ever had surgery? Yes No Unsure

If yes, please explain: _____

Has the cat been diagnosed and /or treated for the following: (check all that apply)

- Upper Respiratory infection Allergies Heart Murmur Epilepsy or seizures Tumors
- Urinary Tract Infection Organ failure Thyroid Disease Diabetes
- Other (Please explain) _____

Is the cat on any medications or special foods? Yes No Unsure

If yes, please explain: _____

What does your cat eat? (Check all that apply)

- Dry only Canned only both canned and dry People food Raw diet

Personality

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

- Friendly to family Very active Lap Cat Couch potato Friendly to visitors Playful Aloof
- Withdrawn Shy to family & visitors Quiet Affectionate Independent Talkative Fearful
- Fearless More like a dog

Lifestyle and Home Life

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

- Indoors only Outdoors only Indoors at night Garage or Basement Indoors in cold weather
- In barn or shed Screened porch
- Outdoors in warm weather Indoors with access to outside
- Other (Please explain)

Has your cat lived with other animals? Yes No If yes, what kind?

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

- Adored each other Played together Sniffed noses Groomed each other
 - Slept near each other Ignored each other Rough with others Fought with injuries Fought without injuries Gentle with others Stressed by others Peacefully coexisted
 - Other (please explain)
- _____

If this cat has lived with dogs, how many _____Ages _____ how did they interact? (check all that apply)

- Adored each other
- Played together
- Sniffed noses
- Groomed each other
- Slept near each other
- Ignored each other
- Cat rubbed against dog
- Dog chased cat
- Fought with injuries
- Fought without injuries
- Cat feared dog
- Cat tormented dog
- Avoided each other
- Peacefully coexisted
- Cat stressed by dog
- Other (please explain)

Has the cat regularly been around children? Yes no Unsure

If yes, please indicate what ages: 0-2 years 3-5 years 6-10 years 11-18 years

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

- Cat actively avoided child
- Child could pet cat
- Mutual adoration
- Ignored each other
- Cat and child played together
- Cat hissed or growled at child
- Other (please explain)

Is this cat more comfortable with: Women Men Child Teenagers Seniors Loves all people

How would you describe your home (check all that apply): Calm Quiet Busy Loud

Chaotic High Traffic Low Traffic

How would you describe the ideal home for your cat?

Please tell us some things you truly love about this cat.

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

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

- Jump on Counters
- Scratch Furniture
- Chew Plants
- Scratches doors or cabinets
- Chew personal items
- Climb Curtains
- Other: _____

How did you attempt to correct this problem?

Litter Box Habits

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

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

If no, did your cat use the bathroom outdoors? Yes No

Is the litter box: Covered Uncovered

Where is the litter box(s) located in the house? _____

Does your cat have litter box accidents? Yes No/Never 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 Other: _____

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

What type(s) of litter was used? Unscented Scented Clay Pine

Clumping Non-Clumping Crystals Yesterday's News Other: _____

If litter box accidents were an issue, when did they begin? Past Month Past Year On-going

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use?

Please describe the measures you have taken to correct this problem

Please tell us any additional comments about your cat.

We, and your cat thank you for taking the time to complete this!

FOR OFFICE USE ONLY:

Has cat been scanned for a microchip? Yes No

Was a microchip detected? Yes No

If yes, microchip number is _____

Was a microchip lookup done Yes No