

Greenhill



Humane Society, SPCA
Loving Animals Since 1944

OWNER INFORMATION

Name _____ Day Phone: _____

Address _____ Home Phone: _____

_____ E-Mail: _____

No one knows and loves your cat the way you do. In order to help us find the most appropriate home for your cat, please provide us with as much information as possible about your cat's history, past veterinary care, likes, dislikes, quirks and behavior. Behavior and medical issues do not necessarily create problems, but failing to disclose them certainly does. While your personal information will be kept confidential the animal information may be shared with potential and actual adopters of your cat.

Please sign and date the form at the bottom of this page. Thank you.

By signing this agreement, I hereby affirm that I have answered each of these questions to the best of my knowledge and as truthfully as possible. I further certify that I am the guardian, or have the authority to surrender the cat referenced in the following information. I hereby relinquish all rights of ownership, including any right to information regarding final disposition, of the cat described herein in favor of the Greenhill Humane Society, and agree that the cat described herein may be disposed at the sole discretion of the Greenhill Humane Society.

Print Name

Signature

Date

Fee Paid _____
Greenhill Staff _____

Greenhill



CAT SURRENDER PROFILE

RECEIVING NUMBER _____

GENERAL INFORMATION

Cat 's Name _____ ID or License Number _____

Age _____ Sex _____ Breed _____

Spay/Neutered? _____ Weight _____ Veterinarian clinic (s) _____

Special markings, coloring _____

HISTORY

Why are you surrendering your cat? _____

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

How long have you had this cat? _____

Including yours, how many homes has this cat had? _____

Where did you acquire this cat? _____

Has this cat bitten and broken the skin Yes No Not sure Comment _____

Has this cat ever been classified or is there any pending dangerous complaints on this cat Yes No Not sure

Comment: _____

MEDICAL HISTORY

Did the cat see a veterinarian at least once a year? Yes No IF yes Why ? _____

Is the cat current on vaccinations? (in the Last year) Yes No

How is your Veterinarian? _____

Has the cat been diagnosed with and/or treated for any of the following? (Check all that apply)

Allergies Heart problem Respiratory problem Skin problem

Kidney Problems Urinary tract Problems Other _____

Hepatitis Diabetes Digestive problem Muscular problem

Eye problem Dental problem Ear problem Hip dysplasia

Kidney Crystals

Other _____ veterinarian clinic (s) _____

Comments on any health conditions noted above _____

PERSONALITY

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

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Very active | <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful, seeks attention |
| <input type="checkbox"/> Couch potato | <input type="checkbox"/> Shy to family | <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Fearful of strangers |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent | <input type="checkbox"/> Quiet, withdrawn | <input type="checkbox"/> Fearless |
| <input type="checkbox"/> Lap cat | <input type="checkbox"/> Emotional, vocal | <input type="checkbox"/> Sweet, loving, attentive | <input type="checkbox"/> Bold, daring, tenacious |

Other: _____

BEHAVIOR ISSUES

(Check all that apply)

- | | | | |
|---------------------------------|--|--|--|
| <input type="checkbox"/> Sprays | <input type="checkbox"/> Too independent | <input type="checkbox"/> Jumps on counters | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Chews | <input type="checkbox"/> Mouthy | <input type="checkbox"/> Hyper | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Digs | <input type="checkbox"/> Jumps Fences | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Pushy | <input type="checkbox"/> uses litter box sometimes | <input type="checkbox"/> afraid of loud noises |

Other: _____

If you have checked sprays in the house or uses the litter box sometimes: Please answer the following questions.

How many litter boxes are in the house? _____

The location of litter boxes? _____

Number of cats sharing the litter boxes? _____

DAILY ROUTINE

How many times a day do you feed your cat dry?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> once a day | <input type="checkbox"/> twice a day |
| <input type="checkbox"/> free feed | What brand food do you feed
_____ |

Canned food?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> once a day | <input type="checkbox"/> twice a day |
| <input type="checkbox"/> free feed | What brand food do you feed
_____ |

What activities does your cat enjoy: _____

Other comments _____

Do you allow your cat on the furniture YES NO

LIFESTYLE AND HOME LIFE

To what areas does the cat have access? (Check all that apply)

- Indoors only Outdoors only Indoors at night Garage or basement
 Barn or shed Igloo Indoor in cold weather Outdoor in hot weather
 Other _____

Where does the cat spend most of his/her time? (Check all that apply)

- Bedroom Kitchen Living Room Outdoors only
 Garage or basement Indoors only Bathroom Other

Where does the cat sleep at night (Check all that apply)

- Bedroom Kitchen Living Room Outdoors only
 Garage or basement Igloo Bathroom Other

If this cats lives with dogs, how did they interact? (Check all that apply)

- Adored each other Played together Slept near each other peacefully coexisted
 Ignored each other Snarled at each other Fought without injuries Fought with injuries
 Bullied dog Submissive to dogs Other _____ Other _____

If this cats lives with cats, how did they interact? (Check all that apply)

- Adored each other Played together Slept near each other Peacefully coexisted
 Ignored each other Snarled at each other Fought without injuries Fought with injuries
 Cat chased cat Cat tormented cat Cat feared cat Other _____

If not living with a cat what do you think your cat would do if it was to meet a cat? _____

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

If yes, indicate what ages of children. 0 -3 years 4 -7 years 8 – 11 years 12 – 18 years

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

- Cat avoided child Cat interacted with child Cat ignored child

Other _____

What do you think would be the best home for this cat? _____
