



Cat Surrender Request

****PLEASE PRINT CLEARLY****

Date of Request _____

OWNER'S INFORMATION

1.) Owner's name: _____

2.) Owner's address: _____

3.) Owner's email: _____

4.) Owner's phone: _____ **Is texting OK?** Yes* No

By checking YES above, you agree to receive recurring messages from Humane Society of Sedona; Reply STOP to opt out; Reply HELP for help; Message frequency varies; Message and data rates may apply; Carriers are not liable for delayed or undelivered messages

5.) Are you a Sedona resident?

Yes

No- have you reached out to your local shelter?

Yes- Name of shelter you reached out to: _____

No

6.) What have you done so far to re-home your cat on your own? *Check all that apply:*

Facebook Flyers Friends Family Co-workers HSS Courtesy Post Request

Adopt-A-Pet.com Profile NextDoor Home-to-Home Profile

Other: _____ None of the above

CAT'S INFORMATION

1.) Cat's Name: _____

2.) Age: _____

3.) Sex Male Female Unknown

4.) Breed: _____

5.) Why are you surrendering your cat? _____

If we could help you resolve this issue would you be interested in keeping your cat? Yes No

6.) How long has your cat lived with you? _____

7.) Spayed/neutered? Yes No Unknown

8.) Microchipped? Yes No Unknown

9.) Part of a bonded pair? Yes- Name of cat bonded with: _____ No

10.) Declawed? Yes: Front only or all four declawed? _____ No

11.) Feral or Community Cat? Yes No

12.) Current Picture- Please check which of these you have completed (Required):

- A printed photo or picture
 An emailed picture to *info@humanesocietyofsedona.org*

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. Some changes in environment may be just what the cat needs, and sometimes there are more serious health or behavioral issues involved.

1.) Did your cat have access to a litter box in the house?

- Yes- did your cat use the litter box? Yes No Sometimes

➤ If NO or SOMETIMES:

- ▶ How often does the cat make mistakes? _____
- ▶ Please describe the accidents: Urinates outside the box
 Urinates on clothing/furniture Poop outside the box
 Sprays on walls/furniture All of the above Other _____
- ▶ If litter box accidents were an issue, when did they begin?
Past month Past year Ongoing N/A
- ▶ Can you pinpoint any changes in your household event(s) that might have influenced or triggered inappropriate litter box use? *Please describe:* _____
- ▶ Please describe what measures you have taken to correct this problem _____
- ▶ Has your cat been examined by a veterinarian to rule out physical problems? Yes- What was the outcome? _____ No

- No- Did your cat use the bathroom only outdoors?

- Yes- ****SKIP TO MEDICAL HISTORY****
No

2.) How often was the litter box scooped?

- Every day Every few days Weekly Rarely

3.) What type(s) of litter was used? Unscented Scented Clumping

- Non-Clumping Crystals Clay Pine Newspaper Other _____

4.) What type of litter box was used? Covered Uncovered Self-Cleaning**5.) How many litter boxes are in your home?** _____**6.) Where are the litter boxes located?** _____**Medical History****1.) Is your cat up to date on these vaccinations?**

- Rabies? Yes- Date given: _____ Where? _____
No

FVRCP? Yes- Date given: _____ Where? _____
 No

2.) Has your cat been tested for:

FIV? Yes- Date: _____ Result: _____
 No

FeLV? Yes- Date: _____ Result: _____
 No

3.) Name of your cat's veterinarian: _____

4.) Phone number of your cat's veterinarian: _____

5.) When did your cat last see a veterinarian? _____

6.) Does your cat have any old injuries or health problems?

- Yes- Describe: _____
 No
 Not sure

7.) Has your cat been diagnosed with and/or treated for any of the following? Check all that apply: Allergies Tumors Upper Respiratory Infection Heart murmur
 Epilepsy or seizure Organ Failure Thyroid disease Urinary tract infection
 Diabetes Other _____ None of the above

8.) Does your cat need any medication or special diet?

- Yes- Please list: _____
 No

9.) Vaccination & Vet Records- Please check which of these you have completed:

- Printed copies of Vaccination Records
 Printed copies of Vet Records
 Emailed Vaccination Records to info@humanesocietyofsedona.org
 Emailed Vet Records to info@humanesocietyofsedona.org

Dietary Habits

1.) What type of food is your cat fed? Dry only Canned only
 Both Dry and Canned Other: _____

2.) Brand of food used to: _____

3.) Is there any type of food your cat will not eat?

- Yes- Describe: _____
 No
 Not sure

Personality

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

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

2.) Has your cat ever bitten anyone?

Yes- *please complete the items below:*

▶ Did it break skin? Yes No

▶ Date: _____

▶ Please describe: _____

No

3.) Does your cat use a scratching post? Yes No Don't have one

4.) Where does your cat like to be petted? _____

5.) Where does your cat dislike to be petted? _____

6.) Is your cat frightened of anything? Check all that apply: Men Children

Thunder Fireworks Vacuums Feet Hands Dogs

Other: _____

7.) Is your cat a hunter? Yes No Don't Know

8.) How does your cat like to play? Check all that apply:

Plays gently, does not usually use teeth or claws

Likes to play hide and seek

Likes to chase & pounce with a variety of toys

Likes to play with other cats

Likes to play rough, may bite or scratch

Not much interest in play

Likes things that crackle, such as paper bags

Likes to play with dogs

Will fetch items such as bottle caps or toys

Chases bugs or moths

Likes to play in or around water

Likes to learn tricks for treats

Other _____

9.) Does your cat have any favorite toys or activities?

Yes- Describe: _____

No

Not sure

Lifestyle and Home Life

1.) What ages of people lived with your cat? Check all that apply:

Adult Men

Adult Women

Seniors

Older Children (8+ years old)- Please list ages: _____

Young Children (7 years and under)- Please list ages: _____

▶ How did your cat interact with the young children (under age 7)?

- | | |
|--|---|
| <input type="checkbox"/> Cat actively avoided child | <input type="checkbox"/> Child could pet the cat |
| <input type="checkbox"/> Cat & child played together | <input type="checkbox"/> Cat hissed or growled at child |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Mutual adoration |

2.) How would you describe your cat's behavior around children in general?

- Friendly Playful Tolerant Afraid Shy Aggressive Unknown

3.) Is your cat most comfortable with- Check all that apply:

- Women Men Kids Teenagers Seniors Loves all people

4.) How does your cat react to visitors? _____

5.) Are there other animals in your home?

Yes- Check all that apply:

Other Cats- How many? _____ How did they interact? Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Ignored each other |
| <input type="checkbox"/> Rough with each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Fought without injuries |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Gentle with each other | <input type="checkbox"/> Sniffed noses |
| <input type="checkbox"/> Groomed each other | <input type="checkbox"/> Fought with injuries | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Other: _____ | | |

Dogs- How did they interact? Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Groomed each other | <input type="checkbox"/> Cat rubbed on dog | <input type="checkbox"/> Played with each other |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Sniffed noses |
| <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Dog chased cat | <input type="checkbox"/> Cat tormented dog |
| <input type="checkbox"/> Cat feared dog | <input type="checkbox"/> Fought with injuries | <input type="checkbox"/> Caused this cat stress |
| <input type="checkbox"/> Other _____ | | |

Birds

Other: _____

6.) Has your cat lived with or around any other animals?

Yes- Please list: _____

No

7.) How would you describe your household? Active Noisy Quiet Average

8.) What areas of your home did your cat have access to? Check all that apply:

- Inside Only Inside with access to outside Outside Only
 Inside at night Garage or Basement In barn or shed Screened porch
 Indoors in cold weather Outdoors in warm weather Other _____

9.) Does the cat do any of the following? Check all that apply:

- Jump on counters/tables Scratch furniture Chew plants
- Climb curtains Chew personal items Scratch doors/cabinets
- Other: _____

10.) Were any of the above behaviors an issue?

- Yes- Which ones and how did you attempt to correct: _____
- No

11.) Is your cat accustomed to any of these? Check all that apply:

- Bathing Nail trimming Ear Cleaning Brushing/Combing

12.) Please list any additional information you would like to add here:

ACKNOWLEDGEMENT & AGREEMENT

By signing below, I acknowledge, understand and agree to the following: 1.) **I am the legal owner of this animal.** 2.) The placement of an individual animal for adoption is based on an evaluation of his or her health and temperament. 3.) HSS cannot guarantee the rehoming of my pet and that once an animal is placed up for adoption at the Humane Society of Sedona, there is no time limit in which he or she can remain up for adoption. 4.) The surrender fees are \$75 per adult cat and \$20 per kitten. 5.) The disposition of my animal is left entirely to the discretion of the HSS and will in no way hold the HSS responsible for the final disposition of the animal upon surrender. 6.) I relinquish the right to obtain any information about this animal as well as any claims to this animal upon surrender.

Signature of person completing this form

Date

Printed name of above person