



# 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](mailto:info@humanesocietyofsedona.org)

☐ Emailed Vet Records to [info@humanesocietyofsedona.org](mailto: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:**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="radio"/> Inside Only     | <input type="radio"/> Inside with access to outside | <input type="radio"/> Outside Only             |
| <input type="radio"/> Inside at night | <input type="radio"/> Garage or Basement            | <input type="radio"/> In barn or shed          |
| <input type="radio"/> Screened porch  | <input type="radio"/> Indoors in cold weather       | <input type="radio"/> Outdoors in warm weather |
| <input type="radio"/> 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:**

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**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 \$100 per adult cat and \$30 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*