

Surrendered Cat Information

Date: _____

Animal Code: _____ Pet Name: _____ Spayed/Neutered ? Y N

I want to be notified if the Placer SPCA is unable to place this animal for adoption.

(There is a \$25 non-refundable fee for this service)

I understand that I **must respond or redeem** within 24 hours of this notice and will only be called at the numbers I provide on the **Animal Receipt**. (Please Initial) _____

Please Check The Behaviors That Might Apply To This Cat & Complete the following questionnaire:

<input type="checkbox"/> Outgoing	<input type="checkbox"/> Fearful	<input type="checkbox"/> Independent	<input type="checkbox"/> Drools on excitement
<input type="checkbox"/> Chews on plants	<input type="checkbox"/> Submissive	<input type="checkbox"/> Gentle	<input type="checkbox"/> Slow to adjust
<input type="checkbox"/> Comes when called	<input type="checkbox"/> Dominant	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Sedate
<input type="checkbox"/> Pushy	<input type="checkbox"/> Enjoys catnip	<input type="checkbox"/> Playful	<input type="checkbox"/> Destructive
<input type="checkbox"/> Anxious	<input type="checkbox"/> Friendly	<input type="checkbox"/> Talkative	<input type="checkbox"/> Attacks/Bites people
<input type="checkbox"/> Shy	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Plays rough	<input type="checkbox"/> Fights other cats
<input type="checkbox"/> Cuddly	<input type="checkbox"/> Confident	<input type="checkbox"/> Dependent	<input type="checkbox"/> Clingy
<input type="checkbox"/> Lap Cat	<input type="checkbox"/> Frisky	<input type="checkbox"/> Kneads	<input type="checkbox"/> Curious

Has this cat bitten or seriously scratched anyone (*broken skin*) in the last 15 days? Yes No

If yes, please explain: _____

Does your cat have any special needs? Yes No

If yes, please describe: _____

How many people in your family? _____ Children's ages: _____

Why are you giving up this cat? _____

Where did you get this cat? _____

How long ago? _____

History of previous ownership of the cat: _____

Housing Information *Please check all that apply*

Where does this cat spend its time?

Inside Only Outside only

Inside and outside:

Outbuilding (garage, barn, shed, etc.): _____

Semi-outdoors (screened cat room, fenced cat area, etc.): _____

Other: _____

If this cat goes outside, how does it get out?

Cat door Window Persons lets it out Other: _____

Is this cat restricted to / from any areas? Yes No

Please explain: _____

Where does this cat sleep at night?

Inside: Where? _____ On what? _____ With whom? _____

Outside: Where? _____ On what? _____ With whom? _____

Feeding Information *Please check all that apply*

What type of food does this cat eat?

Canned cat food Brand: _____

Dry cat food Brand: _____

Dry mixed with canned Brand(s): _____

Special diet Brand / type: _____

Does this cat have any favorite treats? Yes No

Please explain: _____

Exercise and Play Information *Please check all that apply*

Is this cat declawed? No Front Only Front & Back Tendonectomy

This cat uses a scratching post: Not At All Consistently Occasionally

What type of surface does your cat prefer to scratch on?

Carpet Upholstery Cardboard Sisal Fiber Wood Other: _____

When scratching, does the cat prefer surfaces that are:

Horizontal / flat Vertical / upright Slanted / on an angle

Does this cat receive regular playtime with people?

Yes, daily play sessions Yes, a few sessions per week No regular playtime

What types of items does this cat play with?

Toy mice String Feathers Balls Live prey (bugs, birds, mice, etc.)

Other: _____

Does this cat play "ambush" games? Yes No

Please explain: _____

Is this cat's play style:

Gentle as a lamb Middle of the road Rough n' tumble Not interested in play

Is this cat's activity level: Low energy Middle of the road Extremely active

Is this cat most active: Daytime Night time Both

Does this cat give “love bites”? Yes No

Are these bites: Soft Medium Hard

Have these “love bites” ever broken skin? Yes No

If yes, how often do these bites break the skin and how long ago was the last incident?

Behavioral Information *Please check all that apply*

Does this cat display any of the following “don’t pet me right now” behaviors?

Swishes tail Twitches ears Flattens ears Ripples back Narrows eyes

Other: _____

Does this cat have any areas it prefers not to be touched?

Back Neck Tail Face Feet Abdomen Ears Other: _____

Does this cat display any predatory behaviors such as:

Fly / spider chasing Bird watching Stalking other household pets

Please explain: _____

Do you feel that this cat is territorial? Yes No

Please explain: _____

Do you discipline this cat? Yes No

If you have disciplined this cat, what method(s) did you use?

Verbal correction Physical correction Squirt bottle/water gun Timeout inside

Ignore the behavior Put it outside Throw something at the cat

Other: _____

What do you discipline this cat for?

Litter box accidents Eating plants Getting on counters/tables

Scratching / biting people Bothering other pets Scratching furniture

Night time activity Other: _____

What makes this cat nervous or causes it to behave in a different manner than usual?

Men Women Children Strangers

Cat carriers Going to the vet Going to the car Loud noises

Nail Clipping Brushing Bathing Other cats

Other animals: _____ Other: _____

This cat has been in the company of: Adults & Small Children Adults & Older Children
 Adults Only Not interested in people
 Dogs Cats Other _____

Does this cat have a preference for: Men Women Children Animals: _____

Please list any additional information on the daily routines for feeding, playing, etc.:

What do you enjoy the *most* about this cat?

What do you enjoy the *least* about this cat?

Please describe the ideal home you would like for this cat:

Please add any additional information that you feel would be helpful for us or a new owner to know about this cat (this will help us make the best possible match with a new home):

This cat is overprotective of: Family Its food/toys Own property
Please explain: _____

Does this cat have a tendency to snap or bite? Yes No
If yes, please explain: _____

Does your cat have any likes or dislikes that a new owner would want to know about? Yes No
If yes, please describe: _____

Is there anything else we should know about this cat? _____

Litter Box Information

Number of cats in the home: _____ Male: _____ Female: _____

Are they spayed/neutered? _____

Number of litter boxes in the home: _____

Was the litter box shared with cats in the home? Yes No

****Has this cat ever had an accident outside of the litter box?** Yes No

Was this accident a one time only occurrence? Yes No

Has there been multiple accidents? Yes No

If yes please fill out litter box addendum

Veterinary Information *Please check all that apply*

Name of this cat's veterinarian or clinic: _____

Address: _____

Telephone number: _____

May we contact your veterinarian? Yes No

If neutered or spayed, at what age? _____ Where / by whom? _____

Has this cat had any major health problems? Yes No

Please explain: _____

What medications has this cat received or is currently receiving?

Medication	Date	Illness	Vet / Clinic Name
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Please list any surgeries or illnesses requiring hospitalization:

Illness / Procedure	Date	Vet / Clinic Name
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Has this cat had any medical problems in the following areas?

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Worms in stool | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Runny eyes | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Coughing | <input type="checkbox"/> Allergies | <input type="checkbox"/> Urinary |

Other: _____
 Please explain: _____

Were these conditions diagnosed / treated by a veterinarian? Yes No

How does this cat behave at the veterinary office?

- Calm, relaxed
- Hisses, procedures **can't** be completed
- Will scratch
- Other: _____
- Hisses, procedures **can** be completed
- Must be restrained
- Will bite

How does this cat behave while having its nails trimmed?

- Calm, relaxed
- Must be restrained
- Must go to vet or groomer
- Hisses, **does** allow
- Will scratch
- Must be sedated
- Hisses, **doesn't** allow
- Will bite
- Other: _____

IF YOU HAVE ANY OTHER ANIMALS IN YOUR HOME, PLEASE COMPLETE THE FOLLOWING *FOR EACH PET*

	Species/Breed	Age	Male/Female	Altered?	Did they get along with surrendered pet?	Explain
Pet 1						
Pet 2						
Pet 3						
Pet 4						