

Surrendered Cat Information

Date: _____

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

☐ **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 and 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 10 days? ☐ Yes ☐ No

If yes, date: _____; 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: _____

Is your cat microchipped? ☐ Yes ☐ No

If yes, to whom:

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?

☐ Birth defects ☐ Hair loss ☐ Diarrhea ☐ Vomiting

☐ Worms in stool ☐ Sneezing ☐ Runny eyes ☐ Poor appetite
☐ Weight loss ☐ Coughing ☐ Allergies ☐ 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** be completed
☐ Hisses, procedures **can't** be completed ☐ Must be restrained
☐ Will scratch ☐ Will bite
☐ Other: _____

How does this cat behave while having its nails trimmed?

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