Cat Surrender Profile

Our goal at Fox Valley Humane Association is to find your pet a safe, happy and appropriate forever home. To assist us in this process, we ask that you fill out the following form in as much detail as possible. Since your cat can’t talk, it is up to you to let us know his likes and dislikes, personality traits, and health so that we can find him the perfect forever home.

Undesirable behaviors and medical issues do not necessarily create problems in placement; however, not disclosing those problems certainly does. Dishonest or incomplete answers can undermine the safety and happiness of both your cat and the new adoptive family.

Description and Basic History

Cat’s Name _________________________________ Age _________ □ Male □ Female □ Altered? □ Yes □ No

Does your cat have a Microchip? □ Yes □ No

How long have you owned this cat? _____________________________

Veterinarian _________________________________ City, State ________________________________

Does this cat have any health issues/concerns? □ Yes □ No

If Yes, please explain: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Has this cat ever bitten, scratched, or attacked anyone? □ Yes □ No

If Yes, please explain: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Was your cat allowed outside? □ Yes □ No

If Yes, please clarify:

□ Outdoor only cat □ Indoor/Outdoor (outside as often as cat wanted)

□ Outdoors occasionally unsupervised □ Outdoors on a leash

What are the ages of the people the cat has lived with? ________________________________

Does your cat ever have “accidents” in the home? □ Yes □ No

If Yes, please explain:

□ Urinates outside the box □ Defecates outside the box □ Urinates on clothing/furniture

□ Sprays on walls/furniture □ All of the above □ Other ________________________________
**Personality**

My cat enjoys ______________________________________________________

__________________________________________________________________________________________

Does your cat have any fears (i.e. thunderstorms, vacuum, children)? ______________________________

__________________________________________________________________________________________

Does your cat have any undesirable traits? ______________________________________________________

__________________________________________________________________________________________

I would describe my cat as ___________________________________________________________________

__________________________________________________________________________________________

Does your cat get along with other cats? □ Yes □ No □ Don’t know
   If No, please explain: ________________________________________________________________

__________________________________________________________________________________________

Does your cat get along with dogs? □ Yes □ No □ Don’t know
   If No, please explain: ________________________________________________________________

__________________________________________________________________________________________

Would you suggest placing this cat in a home with:
Cats? □ Yes □ No □ Unsure   Comments ______________________________________________________
Dogs? □ Yes □ No □ Unsure   Comments ______________________________________________________
Small Animals? □ Yes □ No □ Unsure   Comments _____________________________________________
Children? □ Yes □ No □ Unsure   Comments ______________________________________________________

**Activity**

How active is your cat? □ Very active □ Somewhat active □ Not at all active
What kind of household do you think your cat would do best in? _____________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Any additional comments? _________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

By signing, I verify that the information provided is accurate and complete. I understand that this information will be used in the decision whether or not to place this cat with a new family. In addition, I authorize Fox Valley Humane Association to contact my veterinarian for release of this cat’s health record.

_________________________________________  _________________________
Signature                              Date