



Cat Owner Surrender Intake Application

FOR SHELTER STAFF TO FILL OUT

Cat's Name: _____ Case#: _____

Intake By: _____ Date: _____

Please carefully read this application and answer all of the questions.

The following questionnaire provides us with information about how your cat has behaved in many different circumstances while he or she was living with you. Because your cat is likely to behave in similar ways in its new home, this information will help us find the most suitable home and effectively counsel the new family. Your open and honest answers are very necessary and appreciated so that we can successfully place your cat into the best home.

Owner's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

GENERAL INFORMATION

Cat's Name: _____ Breed: _____

My cat is: **Male** **Female** / **Spayed** **Neutered**

He/She is: **Front Declawed** **Front and Rear Declawed** **Not Declawed**

My cat is: _____ weeks / months / years.

Why are you surrendering this cat?

How long have you had this cat? _____

Where did you get this cat? _____

Is your cat micro-chipped? _____

Household Information

Has your cat ever lived with other cats, dogs, or young children? If so, how did the cat react to them?

Cats: **Friendly** **Bite, Scratch, Hiss** **Hide**

Dogs: **Friendly** **Bite, Scratch, Hiss** **Hide**

Children: **Friendly** **Bite, Scratch, Hiss** **Hide**

How would you describe your cat's behavior? Circle all that apply.

Very Active **Couch Potato** **Friendly & interactive w/ family** **Friendly w/ visitors**

Shy w/ family **Shy w/ visitors** **Playful** **Affectionate** **Independent**

Any other notes regarding your cat's personality: _____

Does your cat have any of the following behavioral issues, **please explain where necessary:** (Please be honest with us, it will let us know what things we should work on with the cat)

Scratch Furniture **Chew Plants** **Chew electric cords** **Jumping on counters**

Spraying **Escaping outside** **Climbing Curtains**

Eliminating outside litter box (How often does this happen, and how many litter boxes does the cat have access to?)

Aggression:

Biting:

Likes/ Dislikes

What type of food does your cat eat? _____

Does your cat enjoy:

Being Groomed **Being picked up** **Being petted** **Sitting in your lap** **Being outside**

Does this cat use a scratching post? **Yes** **No**

Does your cat play with toys? **Yes** **No**

What kind of litter box does your cat use? **Covered** **Uncovered** **Other:** _____

MEDICAL HISTORY *A complete medical history must be provided prior to intake, and you may be required to get your cat up to date on vaccines prior to intake.*

Has your cat seen a veterinarian yearly? **YES** **NO** Has your cat ever seen a vet? **YES** **NO**

Veterinarian's Name: _____

Where was your cat spayed or neutered if applicable? _____

Does your cat have to be sedated at the veterinarian or groomer: **YES** **NO**

Please list any past or present medical conditions: _____

Is your cat on any medications? **YES** **NO** If yes, please specify: _____

By signing below, I hereby surrender my animal to the Porter County Animal Shelter (PCAS) and give up any and all claim to said animal. I certify that the information that I have provided is accurate and truthful to the best of my knowledge. I further acknowledge that completion of this application does not guarantee acceptance of said animal by PCAS. By submitting this application, you give permission for PCAS to investigate and confirm the information provided. You agree that this information can be shared with other humane societies or rescue groups. You also give permission for any veterinarian providing service to said dog to release medical information for any/all of my animals, past and present, to PCAS.

I _____ am the current and legal owner of this cat.

Please Print

Signature

Print Name

Witness

Date: _____

Additional Comments:
