



**Peninsula Regional Animal Shelter**  
 5843 Jefferson Avenue  
 Newport News, VA 23605

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## OWNER SURRENDER CAT QUESTIONNAIRE

To help us find the best home for your cat, please answer the following questions accurately and with the greatest detail possible. Behavioral and medical issues may not necessarily create problems in finding a new home for your cat, but not providing us with all relevant information may prevent us from matching your cat with the right home.

### CAT IDENTIFYING INFORMATION

*(Please present proof of ownership)*

Cat Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Check one:  Male  Neutered Male  Female  Spayed Female Declawed?  Yes  No \_\_\_\_\_

Breed(s) \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

License#: \_\_\_\_\_ City: \_\_\_\_\_ Microchip (brand/#): \_\_\_\_\_

Has your cat bitten any person or animal in the past 10 days?  Yes  No. If yes, did it break the skin?  Yes  No

Please explain: \_\_\_\_\_

Why are you surrendering your cat today? \_\_\_\_\_

### ALTERNATIVES TO SURRENDER

Would you like our professional shelter staff to discuss with you?

- |  |   |
|--|---|
| <input type="checkbox"/> Pet Food and Supplies Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Re-homing Websites <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <input type="checkbox"/> Low-Cost Spay and Neuter Program <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Foster-to-Adopt Program <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| <input type="checkbox"/> Behavior Problem Solving <input type="checkbox"/> Yes <input type="checkbox"/> No         | <input type="checkbox"/> Low-cost Vaccination Programs <input type="checkbox"/> Yes <input type="checkbox"/> No |

### LIFESTYLE

How long have you had this cat? \_\_\_\_\_. Including yours, how many homes has the cat had? \_\_\_\_\_

How many times have you moved house since you've had your cat? \_\_\_\_\_

Where did you get this cat?  Breeder  Friend/Family  On-line (i.e. Craig's list)  Petfinder.com  Pet Store  Found as Stray  Rescue Group  Shelter (please specify which Rescue or Shelter) : \_\_\_\_\_

What areas of your home did your cat have access to (*check all that apply*):  Indoors only  Outdoors only  Indoors with access to outside  Indoors at night  Indoors in cold weather  Outdoors in warm weather  Screened porch  Garage or basement  In barn or shed

When your cat is indoors, where does it spend its time?  Is allowed on the furniture  Is NOT allowed on the furniture  
 Stays by my side/sits on my lap  Where people are  Keeps to itself  Lays in the sun/windows  Bedroom  
 Kitchen  Living room  Other \_\_\_\_\_  Not indoors

Where does the cat sleep?  In bed with people  In own bed on the floor  Outside (\_\_\_\_\_)

Where does the cat stay when you're not at home?  Loose in house  Confined to a certain room  Outside  
 Garage/basement

How do you confine your cat outside?  Cat Kennel/Enclosure (size \_\_\_\_\_)  Walk on Harness & leash  
 Other \_\_\_\_\_  Not confined when outside

What's the longest period of time your cat stays alone \_\_\_\_\_? Is this successful?  Yes  No \_\_\_\_\_

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### LIFE EXPERIENCE & BEHAVIOR

Litter Box History: Please help us by giving as much detailed, accurate information as you can.

How does your cat potty?  Litter box inside  Outside  Walks outside on harness & leash  Toilet trained

Does your cat have accidents in the house?  Yes  No If Yes, please explain:  Urinates outside the box  Defecates outside the box  Urinates on clothing or furniture  Sprays walls and furniture  Other \_\_\_\_\_

Is your litter box:  Covered  Uncovered Where is it located? \_\_\_\_\_

What kind of litter do you use?  Clay clumping  Clay non-clumping  Paper  Pine  Walnut based  Unscented  
 Other \_\_\_\_\_

Is your cat particular about litter?  Yes  No If yes, Specific Type and Brand: \_\_\_\_\_

How often do you scoop the litter box?  2-3 times a day  Daily  Every few days  Weekly  Other \_\_\_\_\_

If you have other cats, how many share a litter box?

One  Two-four  Many cats share one box  Multiple boxes for multiple cats

If you have had litter box problems or issues:

When did they begin?  Past week  Past Month  Past Year  Ongoing

List any event(s) that may have triggered litter box issues (new baby, moving, changed litter). \_\_\_\_\_

List any measures you have tried to correct the problem. \_\_\_\_\_

Has a vet diagnosed or ruled out any underlying medical problem?  Yes  No Please explain. \_\_\_\_\_

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Scratching Behavior: Please help us by giving as much detailed, accurate information as you can.

Does your cat have scratching post or other area to claw?  Yes  No What material(s)?  Cardboard  Wood  
 Carpet  Jute  Scratches outside  Other \_\_\_\_\_ Does your cat use it?  Yes  No

Does your cat scratch destructively?  Yes  No Does it claw on:  Cabinets and doors  Furniture  Screens  
 Curtains  Personal items  Other \_\_\_\_\_

Cat Name: \_\_\_\_\_

Is your cat more comfortable with: Men Women Adults Seniors Teenagers Likes all people

Has your cat lived with or visited children? Yes No If yes, **Under 5 years old?** Yes No **5-12 years old?** Yes No **Over 12 years old?** Yes No

With children, would you say your cat is Playful Friendly Tolerant Afraid Shy Rough Not around

How does your cat react to visitors at the door? Friendly, goes to see them Friendly, notices them. Hides Other \_\_\_\_\_

Has your cat lived with other cats Yes No If yes, how many? \_\_\_\_\_ With other cats, would you say your cat is (check all that apply) Best friends Playful Friendly Tolerant/coexisted Aloof Afraid Shy Rough Fights without injuries Fights with injuries Other/comments \_\_\_\_\_

Has your cat lived with dogs? Yes No If yes, how many? \_\_\_\_\_ With other dogs, would you say your cat is (check all that apply) Best friends Playful Friendly Tolerant/coexisted Aloof Afraid Shy Rough Fights without injuries Fights with injuries Other/comments \_\_\_\_\_

Has your cat lived with any other animals? Yes No If yes, what kinds? \_\_\_\_\_

How were their interactions? Positive Negative? Explain. \_\_\_\_\_

Has your cat ever seen or been around horses or livestock? Yes No. What was your cat's reaction?  
\_\_\_\_\_

How does your cat behave in the car? Enjoys Resists entering Meows/Vocalizes Fine in crate or carrier Sleeps Afraid/drools Vomits Urinate/Defecates Never tried Other \_\_\_\_\_

Does your cat: Jump on counters Vocalize excessively Dig in garbage Chew plants Other \_\_\_\_\_

How does your cat react when you or another family member touches your cat's: (check appropriate boxes)	No Reaction	Never Tried	Allows	Lunges	Scratches	Growls	Snaps	Bites	Other (please explain)
Head?									
Ears?									
Mouth?									
Collar?									
Paws or feet?									
Tail?									
Rear end?									
Belly?									

Cat Name: \_\_\_\_\_

How does your cat react when you or another family member... (check appropriate boxes)	No Reaction	Never Tried	Allows	Lunges	Scratches	Growls	Snaps	Bites	Other (please explain)
... moves or touches the cat while it is sleeping?									
... asks, pushes, or pulls the cat to get it off furniture or bed?									
... approaches the cat while it is next to another family member?									
... hugs the cat?									
... picks up the cat?									
... trims the cat's nails?									
... brushes the cat?									
... bathes the cat?									

What are your cat's favorite treats or toys? \_\_\_\_\_

What are your cat's favorite activities? \_\_\_\_\_

What are some of your cat's shining qualities? \_\_\_\_\_

How would you describe your cat's personality? \_\_\_\_\_

Is there anything else you would like for us to know about your cat? \_\_\_\_\_

### HEALTH AND MEDICAL HISTORY

Did you bring a vaccination record with you?  Yes  No. Is your cat's rabies vaccine current?  Yes  No

Vaccine or Preventative	Date Given	Date Expires	Brand
Rabies			
FVRCP			
FelV-FIV test			
Flea and tick			
Deworming			

Who is your veterinarian or where do you have your cat's vaccinations done? \_\_\_\_\_

How does your cat behave at the vet?  Well-behaved; tolerant  Scared  Must be restrained

What kind of food does your cat eat?  Canned only  Dry only  Combination of dry & canned  Human food

What brand of food does your cat eat? \_\_\_\_\_

What medications is your cat currently taking (name and dose)? \_\_\_\_\_

Cat Name: \_\_\_\_\_

**Is your cat currently experiencing any of these conditions (check and circle all that apply)?**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Blind                  | <input type="checkbox"/> Deaf                       | <input type="checkbox"/> Demodex mange          | <input type="checkbox"/> Sarcoptic Mange |
| <input type="checkbox"/> Diarrhea               | <input type="checkbox"/> Constipation               | <input type="checkbox"/> Rapid weight loss/gain | <input type="checkbox"/> Hair loss       |
| <input type="checkbox"/> Loss/Increase Appetite | <input type="checkbox"/> Increase/Decrease drinking | <input type="checkbox"/> Vomiting               | <input type="checkbox"/> Unusual lumps   |

**Has your cat been diagnosed with or treated for any of these (check and circle all that apply)?**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Ear infections  | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Skin Allergies       | <input type="checkbox"/> Worms                 |
| <input type="checkbox"/> Eye infections  | <input type="checkbox"/> Heat Stroke    | <input type="checkbox"/> Gastritis            | <input type="checkbox"/> Respiratory Infection |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Lyme Disease   | <input type="checkbox"/> Arthritis/Joint pain | <input type="checkbox"/> Irritable bowel       |
| <input type="checkbox"/> Feline Leukemia | <input type="checkbox"/> Tumors         | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Cataracts             |
| <input type="checkbox"/> Seizures        | <input type="checkbox"/> Surgery        | <input type="checkbox"/> Broken bones         | <input type="checkbox"/> Other _____           |

Please explain any health conditions listed above. \_\_\_\_\_

***We will need you to sign our Release Form so that Peninsula Regional Animal Shelter may take legal ownership of your cat.***

Cat Name: \_\_\_\_\_