

FELINE SURRENDER AGREEMENT

The following questionnaire provides us with important information about the animal you are surrendering. This information will help us find the most suitable home for the animal and effectively counsel their new family.

Your open and honest answers are very much appreciated!

I hereby certify that the information provided is accurate and truthful to the best of my knowledge, that I am the legal owner of the animal(s), **and that the animal(s) have not bitten any person during the last 10 days.**

I hereby release the animal(s) into the custody of the San Antonio Humane Society (SAHS). The SAHS has my permission to use its best judgement in the placement of the animal(s). I understand that once the SAHS takes custody of the animal(s) I will be unable to reclaim ownership or adopt the animal(s) unless expressly requested by SAHS staff.

I understand that although the SAHS strives to place all adoptable animals in homes, any animals determined to be un-adoptable for any reason may be euthanized. These reasons include, but are not limited to, illness or injury that the SAHS is unable to treat and/or temperament issues that are beyond rehabilitation.

In the event euthanasia is deemed necessary, the SAHS can contact you to reclaim this animal(s).

Please indicate if you wish to be contacted:

Your Information

Name

Today's Date

Address

Apt. No.

City, State, Zip

Phone Number(s)

Please contact me prior to euthanasia

Please do not contact me prior to euthanasia

Signature



BASIC INFORMATION

Cat's Name

Breed

Age

Sex

Female

Spayed

Intact

Male

Neutered

Intact

Microchip Status

Is this cat microchipped?

Yes

No

Is the microchip registered to you?

Yes

No

Is this cat declawed?

Yes

No

Any declawed cat must be friendly, and you must be willing to reclaim if they start having difficulty adapting to the shelter.

GENERAL HISTORY

Why are you surrendering this cat? Please be as detailed as possible!

How long have you had this cat? _____

Including yours, how many homes has this cat had? _____

Did this cat come from another rescue group or shelter?

Yes

No

If yes, please name organization here:

PERSONALITY AND BEHAVIOR

Would you describe this cat as loud / talkative?

Yes

No

Does this cat enjoy being held?

Yes

No

Describe this cat's personality on the scales below:

Couch Potato *Neutral* *Very Active*

Independent *Neutral* *Social Butterfly*

Reserved *Neutral* *Very Loving*

Very Timid *Neutral* *Totally Fearless*

Does this cat enjoy playing with toys? Yes No

If yes, what types of toys? _____

HISTORY WITH OTHER ANIMALS & CHILDREN —

Has this cat ever lived with other cats? Yes No

If yes, how would you describe their interactions?

Peacefully coexisted Tolerated each other Cannot live with others

Has this cat ever lived with dogs? Yes No

If yes, how would you describe their interactions?

Peacefully coexisted Avoided each other Dog chases cat

Has this cat ever lived with children? Yes No

If yes, what ages?

0 – 5 Years 6 – 12 Years 13 – 18 Years

DIETARY HABITS

It is not uncommon for cats to stop eating when stressed. Knowing what food and treats they enjoy is very helpful to staff and adopters!

What brand of food is this cat currently eating? _____

What other brands have they eaten in the past? _____

What type of food does this cat usually eat?

Dry food only

Canned food only

Combination of both

How often does this cat usually eat?

Free fed

Once a day

Twice a day

What types of treats does this cat enjoy? _____

MEDICAL HISTORY

Does this cat have a regular veterinarian? Yes No

If yes, please list name of vet clinic here:

Does this cat have any past or present medical conditions? Yes No

If yes, please describe: _____

Does this cat require any special food or medications? Yes No

If yes, please describe: _____

LITTERBOX HABITS

Where does this cat normally live?

Indoor

Outdoor

Both

Do they have access to a litterbox in the house?

Yes

No

Do they regularly use the litterbox?

Yes

No

Sometimes

If sometimes, how often does the cat make mistakes? _____

Please describe the accidents:

Urinating on clothing / furniture

Urinating outside of litterbox

Spraying walls / furniture

Defecating outside of litterbox

Other: _____

How often is their litterbox cleaned?

Daily

Weekly

Monthly

Did a majority of accidents occur when the box was dirty?

Yes

No

Where was their litterbox located? _____

What type of litter was used?

Unscented

Scented

Clumping

Non-clumping

Crystals

Clay

Pine

Paper

How many cats shared a litterbox? _____

Have there been any major life changes that could be the cause of these undesirable litterbox behaviors? Examples can include moving, a new baby, new pet, etc.

Yes

No

N/A

Has this cat been to a vet to rule out underlying health issues?

Yes

No

N/A

If yes, what was the conclusion? _____

ADDITIONAL INFORMATION

Please feel free to tell us any other information about this cat that you think might be helpful for our staff or their new family to know! Likes, dislikes, personality quirks, etc.
