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www.homewardboundnj.org

Cat Surrender Questionnaire

The following questionnaire provides us with information about how your cat behaved in different circumstances while he or she was living with you. This information will help us find the most suitable home for your cat and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature _____ Date _____

General Information

Cat's Name _____ **Sex** Male Female **Age** years _____ months _____

Breed _____ **Coat color/Markings:** _____

Hair Length Long Medium Short **Spayed or neutered?** yes no

1. Is the cat declawed? yes no

2. How long have you had this cat? years ____ months ____

3. What is your relationship to the cat?

Owner Friend/relative Foster owner Other _____

4. Where did you get this cat from?

This shelter Friend/relative Newspaper/web site Found/stray Breeder Pet store

Other shelter/rescue (please write name) _____

Other (please describe) _____

5. Why are you giving up this cat?



6. If we could help you resolve this issue, would you be interested in keeping the cat? yes no

7. Have you attempted to find a home for this cat? yes no

8. How many homes had this cat had, including yours?

9. Including yourself, how many people of the following ages live in your home? (Please fill in the boxes)

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

10. What other animals did your cat live with?

No other animals in home Dogs # _____ Cats # _____ Other (please describe) _____

Dietary Habits

11. What is your cat's favorite brand of food? _____

12. What type of food did you feed your cat? Dry only Canned only Dry and canned People food

13. What types of treats does your cat enjoy?

14. How often did you feed your cat? Food always available Designated meal times: How often?

15. Does your cat vomit after eating? yes no sometimes

Typical Behavior

(Your cat's **usual** behavior)



16. How would you describe your cat most of the time? (Please check all that apply)

- Active
 Friendly
 Couch Potato
 Shy
 Playful
 Quiet
 Talkative
 Affectionate
 Lap Cat
 Fearful
 Independent
 Aloof
 Fearless
 Solitary
 Aggressive

17. How does your cat usually react when you or another family member does the following? (Please check boxes)

	Never tried	Enjoys	Allows	Afraid	Hisses or swats	Runs away	Bites or claws	None of these
Pet/stroke								
Pick up/hold								
Trim nails								

18. Does your cat use the litter box?

- Always
 Sometimes
 Never

19. Has your cat ever eliminated inappropriately in the house?

- Yes (please specify how many times per day _____, per week _____)
 No

20. Does your cat urinate outside the litter box?

- On horizontal surfaces
 On vertical surfaces
 Outside
 On clothing/furniture
 Don't know

21. Does your cat defecate outside the litter box?

- Yes (please specify how many times per day _____, per week _____)
 No

22. When did litterbox accidents/avoidance begin?

23. Have you recently changed anything about the litter box? (i.e. type of litter, size or type of box, location of box)

- Yes
 No
 Don't know

24. What type of litter box does your cat use?

- Covered
 Open top
 Self-cleaning
 Other (Please specify) _____
 Don't know

25. How often was the litter box scooped/cleaned?

- Every day
 Every few days
 Weekly
 Rarely
 Automatic litter box

26. What type(s) of litter was used?

- Unscented
 Scented
 Clumping
 Non-clumping
 Crystals
 Clay
 Pine
 Other

27. Have you sought medical advice/help from a veterinarian or professional for inappropriate elimination?



Yes No

28. Please describe what measures you have taken to correct this problem:

29. Where does your cat spend most of his/her time?

Inside the house, runs free Inside the house, in cage Outside the house, runs free in the neighborhood
 Inside and outside Other (please describe) _____

30. How long is your cat left alone, without people, during the week?

Never 1-3 hours 4-8 hours 9-12 hours over 12 hours

31. When your cat is left alone, is he/she....

Outdoors Free in home Confined to a room In a cage Other (please describe)

32. When you are home, where does your cat spend it's time... (please check all that apply)

With me In the same room In another room Hiding Outside None of these

33. What toys does your cat like? (please check all that apply)

Balls Wands Plush Squeaky Interactive Catnip None Other

34. Does your cat often engage in play with people?

Yes No Other (please describe) _____

35. Is your cat scared of anything?

Yes (Please describe) _____
 No

36. How does your cat react to the following (Check all that apply) :

	Never encounter	Friendly	Fearful/Hides	Hisses/Swats	Bites	None of these
People your cat knows/Family members						
Men						
Women						



Children						
Unfamiliar people						
Men						
Women						
Children						
Animals your cat knows						
Dogs						
Cats						
Unfamiliar animals						
Dogs						
Cats						

Medical History

37. When was the date of your cat’s last veterinarian visit? _____ Never been

38. When was the date of your cat’s last rabies shot? _____ **Distemper?** _____

39. Has your cat been FIV/FelV tested? Yes Date _____ Result _____ No

40. Have you had to seek medical attention/advice for any behavioral issues your cat has had or does have?
 Yes No Don’t know

41. If known, please specify the veterinarian name and contact info:

Veterinarian Name _____ Contact info _____

42. Does your cat have any past or present medical conditions?

Yes (please describe) _____

 No

43. Is your cat currently on any medication or special diet?

Yes (please describe) _____

 No

Please feel free to tell us any additional helpful information about your cat.



Surrender Agreement

I, _____, hereby certify that I am the lawful owner of the animal referenced above, and I have full power and authority to surrender the animal to Homeward Bound Pet Adoption Center (HBPAC). No other person has any legal or equitable ownership interest in the animal.

I voluntarily relinquish all ownership of animal to HBPAC and understand that no guarantees are made as to the final disposition of the animal. I understand that HBPAC may rehome, transfer, or euthanize the animal as deemed necessary by agents of the organization.

I understand that HBPAC is not obligated to reveal to me the final disposition of said animal and that he/she will not be used for experimentation. I further agree not to hold HBPAC, its employees, or members of its Board liable for any damages or penalties resulting from this transfer.

HBPAC has my permission to contact my veterinarian for any necessary information pertaining to animal, and I hereby consent to the release of any all medical information by any medical provider.

To the best of my knowledge, the aforementioned animal has not bitten a human being or another domesticated animal in the past ten days.

I understand that this is a legally binding document for the surrender of my animal to HBPAC. I have read and fully understand this Surrender Agreement. I accept and abide by its terms.

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Fee paid: \$ _____ Payment method: _____

Signature _____ Date: _____

