



FELINE OWNER SURRENDER FORM

We ask a \$25.00 donation fee to help us care for the animal while it's here.

A COPY OF YOUR DRIVERS LICENSE IS REQUIRED

Today's Date: _____

Animal Name: _____ Sex: _____ Age: _____

Breed: _____ Color: _____

Did you adopt this cat from LPCHS? Yes No Spayed/Neutered? Yes No Unsure

Owners Information

NAME: _____

PRIMARY NUMBER: _____ SECONDARY: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I understand that adoption of this animal may not be possible due to behavioral or health concerns that cannot be treated, and that euthanasia may become necessary. In the unlikely event that euthanasia becomes a possibility, would you like to be contacted to have the animal returned to you?

YES NO

If we could help you resolve the issues surrounding the surrender of your cat, would you be interested in keeping your animal?

If yes, please stop here and speak with a staff member for assistance.

Please answer the following questions as completely as possible.

About Your Cat's History

How long has your cat lived with you?

Including your home, how many homes has your cat had?

Where did you acquire this cat?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> LPCHS | <input type="checkbox"/> Pet store | <input type="checkbox"/> Breeder |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Another Shelter: | <input type="checkbox"/> Other |
| <input type="checkbox"/> Free to good home ad | Which one? | |
| <input type="checkbox"/> Found as a stray | <input type="checkbox"/> Born in my home | |

Why are you surrendering this cat to the shelter?

About Your Cat's Health

Has your cat ever been seen by a Veterinarian? Yes No Unsure

Name of Clinic: _____

Phone Number: _____

Is your cat up to date on their vaccinations? Yes No Unsure

Is your cat declawed? No Yes

If yes, Front Front and Back

How old was the cat when declawed?

What previous medical concerns, or injuries does your cat have?

Does your cat take any medications? Yes No

If yes, what?

About Your Cat's Habits

Is your cat (check all that apply)

Indoors only

Indoors in cold weather

Outdoors only

Indoor/Outdoor

In the garage or basement

Out during the day, in at night

Other: _____

If indoors only, does your cat try to escape? Yes No

Is your cat litterbox trained? Yes No

Did your cat use it consistently? Yes No

If not, are the issues with:

Urinating outside the box

Defecating outside the box

Both

If the litterbox issues were a problem, when did they begin?

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

Please explain any other troublesome behaviors (Scratching the furniture, excessive vocalization, inappropriate play etc) that new adopters need to be aware of, and under what circumstances they happen.

About Your Cat's Temperament

If this cat has lived with other cats, how did they interact?

If this cat has lived with dogs, how did they interact?

Has your cat been around children? Yes No

How did they interact?

Has your cat ever been destructive in the home? Yes No

If yes, explain.

Has your cat ever scratched or bitten anyone and broken skin? Yes No

If yes, please explain the incident.

This cat seems most comfortable with:

- Women
- Men
- Children

- Other Animals
- Senior Citizens
- Loves Everyone!

What is your cat afraid of?

Thunderstorms

Loud Noises

Vacuums

- Being Alone
- Strangers
- Fast Movement

- Car Rides
- Restraint

- Crates
- Vet
- Other

Is your cat sensitive about being touched or handled in any way? Yes No
If yes, explain.

Please feel free to provide any other information that could be helpful to shelter staff or potential adopters.

I hereby relinquish any and all interests and rights of ownership of this animal described above in favor of the La Plata County Humane Society. I certify that to the best of my knowledge, the animal has not bitten anyone in the past ten days.

Signature: _____ Date: _____