



FELINE OWNER SURRENDER FORM

We ask a \$25.00 donation 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

Owner's Information

NAME: _____

PRIMARY NUMBER: _____ SECONDARY: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I understand that the 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.**

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?

LPCHS

Friend/Relative

Free to good home ad

Found as a stray

Pet store

Born in my home

Breeder

Another shelter

Which one? _____

Other

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: _____

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

Indoors only

Indoors during 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 Unsure

Did your cat use it consistently? Yes No

If not, are the issues with:

Urinating outside the box Defecating outside the box

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

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

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

If yes, explain.

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 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? (Check all that apply)

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Thunderstorms | <input type="checkbox"/> Strangers | <input type="checkbox"/> Crates |
| <input type="checkbox"/> Loud noises | <input type="checkbox"/> Fast movement | <input type="checkbox"/> Vet |
| <input type="checkbox"/> Vacuums | <input type="checkbox"/> Car rides | <input type="checkbox"/> Other |
| <input type="checkbox"/> Being alone | <input type="checkbox"/> Restraint | |

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, all the information on this form is true and correct, and rthe animal has not bitten anyone in the past ten days.

Signature: _____ Date: _____