

# Owner Relinquish Profile - Cats

Please fully complete this sheet. The information you provide helps us understand and find the best possible new home for your cat.

## Basic Information

1. What is your cat's name: \_\_\_\_\_
2. How old is your cat: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Spay/Neutered? \_\_\_\_\_
3. Is your cat declawed?  No  Yes-  Front-only  All 4-paws At what age was this done? \_\_\_\_\_
4. Why are you surrendering your cat?
  - Medical Issue, explain \_\_\_\_\_
  - Not litter-trained/problems with litter box use
  - Does not get along with other animals:  cats  dogs
  - Does not get along with kids, explain \_\_\_\_\_
  - Other \_\_\_\_\_
5. Is there something HSHV could do to help you keep your cat? Please describe (example: low-cost medical care or spay/neuter, behavioral advice, providing cat food): \_\_\_\_\_  
\_\_\_\_\_
6. Where did you get your cat? \_\_\_\_\_ How long have you had him/her? \_\_\_\_\_
7. Does your cat have a microchip?  Yes  No  
If yes: What brand? \_\_\_\_\_ At what facility was the chip implanted? \_\_\_\_\_
8. If you were not the first or original owner, do you know why the previous owner gave him/her away?  
\_\_\_\_\_
9. Has there been any change in your household?  Recent move  Remodel/redecorate  New pet  
 Departing family member  New family member  Other \_\_\_\_\_  No  
If any, please describe \_\_\_\_\_

## Home and Family Life

10. Including yourself, how many people in each of the following age groups live in your house?

Age Range (in years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30+		

11. If your cat has ever lived with children under the age of 10, how did they interact (check all that apply)

- This cat has never lived with children under 10
- Cat avoided children
- Ignored each other
- Cat hissed and growled
- Child and cat played together
- They enjoyed each other
- They like to sleep together

12. If your cat has ever lived with other cats, how did they interact? (check all that apply)

- This cat has never lived with other cats
- Adored each other
- Peacefully coexisted
- Played together
- Ignored each other
- Fought without injuries
- Fought with injuries
- Caused stress to this cat
- Groomed each other

If your cat has ever lived with other cats, please list age, sex, and whether they were spayed/neutered:

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13. If your cat has ever lived with dogs, how did they interact? (check all that apply)

- This cat has never lived with dogs
- Fought without injuries
- Fought with injuries
- Cat rubbed on dog
- Peacefully coexisted
- Played together
- Ignored each other
- Dog chased cat
- Cat tormented dog
- Avoided each other
- Caused cat stress
- Groomed each other
- Slept near each other

If your cat has ever lived with dogs, please list age, breed, and size: \_\_\_\_\_

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14. Where did your cat spend most of his or her time?  Inside  Outside  Both

If ever outside, describe when, how long ago and circumstances? \_\_\_\_\_

\_\_\_\_\_

15. Where does your cat like to sleep? \_\_\_\_\_

## Behavior Information

16. If you could change one of your cat's bad habits, what would it be? \_\_\_\_\_

17. How would you rate your cat's energy level?  Very Low  Low  Medium  High  Very High

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

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly to family   | <input type="checkbox"/> Playful     | <input type="checkbox"/> Aloof        |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Shy with family      | <input type="checkbox"/> Quiet       | <input type="checkbox"/> Lap cat      |
| <input type="checkbox"/> Shy with visitors    | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Fearless     |
| <input type="checkbox"/> More like a dog      | <input type="checkbox"/> Clingy      | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Active               | <input type="checkbox"/> Goofy       | <input type="checkbox"/> Withdrawn    |
| <input type="checkbox"/> Independent          | <input type="checkbox"/> Loner       |                                       |
| <input type="checkbox"/> Sassy                | <input type="checkbox"/> Lazy/mellow |                                       |

19. What is your cat afraid of? \_\_\_\_\_

20. How does your cat react when uncomfortable?  Hides  Swats  Bites  Other

Please describe \_\_\_\_\_

21. How long does it take your cat to acclimate to new situations or people?  Hours  Days  Weeks

Please describe \_\_\_\_\_

22. Tell us a little about your cat's people preferences. (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Bonded only to one person | <input type="checkbox"/> Prefers men    |
| <input type="checkbox"/> Prefers women             | <input type="checkbox"/> Likes everyone |

23. Does your cat use a scratching post?  No  Yes, describe:  Horizontal corrugated cardboard  
 Vertical post ( Carpet or  Sisal/rope)  Other \_\_\_\_\_

24. How does your cat like to play? (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Plays gently, doesn't usually use teeth or claws | <input type="checkbox"/> Chases insects                   |
| <input type="checkbox"/> Likes to play rough, may bite or scratch         | <input type="checkbox"/> Likes to learn tricks for treats |
| <input type="checkbox"/> Likes to chase and pounce with variety of toys   | <input type="checkbox"/> Likes to play with other cats    |
| <input type="checkbox"/> Likes things that crackle, such as paper bags    | <input type="checkbox"/> Likes to play with dogs          |
| <input type="checkbox"/> Likes to play hide and seek                      | <input type="checkbox"/> Not interested in play           |
| <input type="checkbox"/> Will fetch items                                 |   |

25. Please Indicate ALL Known Behavior Traits: (please check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Vocal/talks a lot     | <input type="checkbox"/> OK with nail trims          | <input type="checkbox"/> Likes brushing    |
| <input type="checkbox"/> Likes petting         | <input type="checkbox"/> Digs in plants              | <input type="checkbox"/> Hates brushing    |
| <input type="checkbox"/> Likes being picked-up | <input type="checkbox"/> Hunts/Catches/Kills rodents | <input type="checkbox"/> Hates carrier     |
| <input type="checkbox"/> Hates being picked-up | <input type="checkbox"/> Destructively chews         | <input type="checkbox"/> Chews on plants   |
| <input type="checkbox"/> Active at night       | <input type="checkbox"/> Destructively scratches     | <input type="checkbox"/> Likes belly rubs  |
| <input type="checkbox"/> Likes play            | <input type="checkbox"/> Wears a collar              | <input type="checkbox"/> Hates belly rubs  |
| <input type="checkbox"/> OK with car rides     | <input type="checkbox"/> Escapes out doorways        | <input type="checkbox"/> Gives love bites  |
| <input type="checkbox"/> OK with carrier       | <input type="checkbox"/> Gets on countertops         | <input type="checkbox"/> Likes people food |

### Medical Background/Eating Habits

26. When was your cat last seen by a veterinarian? \_\_\_\_\_ Vet Clinic & City \_\_\_\_\_

How does he/she react to the veterinarian?  Shy  Friendly  Swats  Requires Sedation

Requires Restraint, describe \_\_\_\_\_  Bites, describe \_\_\_\_\_

27. Is your cat sensitive about being touched?  Not sensitive  Feet  Ears  Mouth  Hind end

Stomach  Other Please describe \_\_\_\_\_

28. Please describe any current or past health concerns \_\_\_\_\_

Currently on medications?  No  Yes, describe \_\_\_\_\_

29. What type and brand of food do you feed your cat?  Wet  Dry Brand: \_\_\_\_\_

How often fed? \_\_\_\_\_ What time(s) of day? \_\_\_\_\_ How much per day? \_\_\_\_\_

Picky eater?  No  Yes, please describe \_\_\_\_\_

What are his or her favorite treats? \_\_\_\_\_

### History of Litterbox Use

30. Type(s) of litter box?  Uncovered  Covered  High-sided  Electronic self-scooping

Goes outside  Other \_\_\_\_\_

31. What approximate size is the litter box?  Large (18"x15")  X-Large (23"x17")  Jumbo (35"x20")

32. How many total litter boxes are there in the house? \_\_\_\_\_

33. Where in your home are the litter boxes? (check all that apply)

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> First floor  | <input type="checkbox"/> Home office  |
| <input type="checkbox"/> Second floor | <input type="checkbox"/> Bathroom     |
| <input type="checkbox"/> Basement     | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> Bedroom      | <input type="checkbox"/> Garage       |
| <input type="checkbox"/> Kitchen      | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Family room  |                                       |

34. Type of litter:

- Clay, non-clumping that is  Scented  Unscented brand \_\_\_\_\_
- Clumping/scoopable that is  Scented  Unscented brand \_\_\_\_\_
- Natural or Recycled, brand \_\_\_\_\_
- Other: \_\_\_\_\_

35. How often are litter boxes scooped?

- Everyday  Weekly
- Every few days  Rarely

36. Does your cat do any of the following? (If no, please skip "Favorite Things" section)

- Urinates outside the box  Defecates outside the box
- Urinates on clothing furniture  Sprays on walls/furniture

37. When did these issues begin? \_\_\_\_\_

38. How often does this occur?

- It happened once  Once per month  A few times per year
- Daily  A few times per month  Other: \_\_\_\_\_
- Once per week  Every couple of months
- A few times per week  Once per year

39. Are the accidents near the litterbox?  Yes  No

If no, where in the home do the accidents occur? \_\_\_\_\_

40. When was the most recent incident? \_\_\_\_\_

41. Can you think of an event(s) that might have influenced/triggered the problems? If yes, please explain:

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42. Have you taken any of the following measures to correct the problem? (check all that apply)

- Added additional litter boxes  Taken cat to veterinarian to rule out
- Cleaned litterboxes more frequently infection/health issue
- Tried a different type of litter  Other: \_\_\_\_\_
- Moved location of litterbox

43. If any other cats live (or have lived) in the home, how many share a litter box?

- One box per cat
- Two cats share one box
- Many cats share
- Multiple litter boxes for multiple cats

44. Other than this cat, has there ever been a cat in the home with a litterbox issue? If yes, please describe: \_\_\_\_\_

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**These are a few of my favorite things...**

45. Please indicate your cat's favorite things: (please check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cat nip                 | <input type="checkbox"/> Wet food                                     | <input type="checkbox"/> Chasing bugs                              |
| <input type="checkbox"/> Laser pointer           | <input type="checkbox"/> Hanging out with family cat                  | <input type="checkbox"/> Being scratches around the head/neck/chin |
| <input type="checkbox"/> Furry mice              | <input type="checkbox"/> Hanging out with family dog                  | <input type="checkbox"/> Belly Rubs                                |
| <input type="checkbox"/> Wand toys               | <input type="checkbox"/> Hanging out with human members of the family | <input type="checkbox"/> Sleeping on a soft bed                    |
| <input type="checkbox"/> Jingle balls            | <input type="checkbox"/> Cat trees                                    | <input type="checkbox"/> Sitting in the window                     |
| <input type="checkbox"/> Other animals           | <input type="checkbox"/> Sleeping in the sun                          | <input type="checkbox"/> Climbing trees outside                    |
| <input type="checkbox"/> Treats                  | <input type="checkbox"/> Going Outside                                | <input type="checkbox"/> Scratching boards/post                    |
| <input type="checkbox"/> Crinkle toys            | <input type="checkbox"/> Hiding in/playing with boxes or bags         | <input type="checkbox"/> Lying in someone's lap/cuddling           |
| <input type="checkbox"/> Laps- sleeping/cuddling |   |  |
| <input type="checkbox"/> High places/perches     |   |  |

46. How would you describe the ideal home for your cat? \_\_\_\_\_

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47. What are your cat's best qualities (cute or nice things)? \_\_\_\_\_

48. Who is your cat's favorite person? \_\_\_\_\_

Please leave any additional comments about your cat below:

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