



30 Range Road, Brunswick, ME 04011 • (207) 725-5051 • info@coastalhumanesociety.org

**FELINE SURRENDER PROFILE**

No one knows and loves your cat like you do. Please share with us the details of your cat’s history, past veterinary care, likes, dislikes, quirks- any information you share can only benefit your cat and help us find him/her the best possible home!

**General Information**

Cat’s Name \_\_\_\_\_ Age \_\_\_\_\_

Male  Female  Spayed  Neutered  Not Sure

Is this cat microchipped?  Yes  No  Not Sure Tattoo?  Yes  No  Not sure

Is this cat declawed?  Yes  No  Not Sure

Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

Longhair or shorthair? \_\_\_\_\_

**History**

Why are you surrendering this cat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we could help you resolve this issue, would you be interested in keeping the cat? \_\_\_\_\_

How long have you owned the cat? \_\_\_\_\_

Including yours, how many homes has this cat had? \_\_\_\_\_

Where did you acquire this cat?

CHS  Another shelter \_\_\_\_\_

Found as a Stray  Free Ad

Friend/relative  Pet Store

Breeder  Born in my home

Other: \_\_\_\_\_

**Medical History**

Did this cat see a veterinarian at least once per year?  Yes  No  Not Sure

Is this cat current on vaccinations?  Yes  No  Not Sure

Has this cat been diagnosed with and/or treated for: (check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies               | <input type="checkbox"/> Upper respiratory infection | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Epilepsy or seizures    | <input type="checkbox"/> Thyroid disease             | <input type="checkbox"/> Tumors       |
| <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Organ failure               | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> OTHER: _____            |  |                                       |

**Personality**

How would you describe your cat? (Check all that apply)

- |                                       |                                       |   |  |
|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Very active  | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Friendly to Visitors | <input type="checkbox"/> Playful       |
| <input type="checkbox"/> Couch potato | <input type="checkbox"/> Lap cat      | <input type="checkbox"/> Shy with visitors    | <input type="checkbox"/> Social        |
| <input type="checkbox"/> Quiet        | <input type="checkbox"/> Fearful      | <input type="checkbox"/> Independent          | <input type="checkbox"/> Avoids people |

How does your cat play? (Check all that apply)

- Enjoys the company of other cats
- Will play with dogs
- Likes to play with people, with string, cat toys, etc.
- My cat doesn't really play but prefers to sleep all day!
- Plays gently, does not usually use teeth or claws
- May bite or scratch

Comments:

---

---

**Lifestyle**

Is your cat...  Indoors only  Outdoors only  Indoor and outdoor

If your cat goes outdoors, how much time does s/he spend outside at a time? \_\_\_\_\_

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

- |                                   |                                       |   |
|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Bedroom  | <input type="checkbox"/> Garage       | <input type="checkbox"/> At the window            |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Basement     | <input type="checkbox"/> Wherever the people are! |
| <input type="checkbox"/> Kitchen  | <input type="checkbox"/> Barn or shed | <input type="checkbox"/> Other: _____             |

Has this cat lived with other cats?  Yes  No  Not Sure

If yes, how did this cat interact with other cats? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adored each other     | <input type="checkbox"/> Played together                | <input type="checkbox"/> Groomed each other          |
| <input type="checkbox"/> Slept near each other | <input type="checkbox"/> Sniffed Noses                  | <input type="checkbox"/> Coexisted peacefully        |
| <input type="checkbox"/> Ignored each other    | <input type="checkbox"/> Fought <i>without</i> injuries | <input type="checkbox"/> Fought <i>with</i> injuries |
| <input type="checkbox"/> Rough with others     | <input type="checkbox"/> Gentle                         | <input type="checkbox"/> Other cats stress this cat  |
| <input type="checkbox"/> Other: _____          |   |  |

Has this cat lived with dogs?  Yes  No  Not sure

If yes, how did this cat interact with the dog(s)? Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adored each other    | <input type="checkbox"/> Slept near each other          | <input type="checkbox"/> Avoided each other            |
| <input type="checkbox"/> Groomed each other   | <input type="checkbox"/> Cat rubbed on dog              | <input type="checkbox"/> Played with each other        |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Fought <i>without</i> injuries | <input type="checkbox"/> Fought <i>with</i> injuries   |
| <input type="checkbox"/> Dog chased cat       | <input type="checkbox"/> Cat tormented dog              | <input type="checkbox"/> Cat feared dog                |
| <input type="checkbox"/> Sniffed noses        | <input type="checkbox"/> Ignored each other             | <input type="checkbox"/> Dog(s) caused this cat stress |
| <input type="checkbox"/> Other: _____         |   |  |

Has this cat ever lived with other animals besides other cats and dogs?  Yes  No  Not Sure

If so, what were the animals and how did they interact? \_\_\_\_\_

\_\_\_\_\_

Has the cat regularly been around children?  Yes  No  Not sure

If yes, what ages?  0-2 yrs  2-5 yrs  6-10 yrs  11-18 yrs

If this cat has lived with children under the age of 7, how did they interact? (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Cat actively avoided child     | <input type="checkbox"/> Child could pet the cat |
| <input type="checkbox"/> Cat hissed or growled at child | <input type="checkbox"/> Ignored each other      |
| <input type="checkbox"/> Cat and child played together  | <input type="checkbox"/> Cat tolerated child     |
| <input type="checkbox"/> Other: _____                   |  |

Have the experiences of the cat and child(ren) always been positive?  Yes  No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

The cat is most comfortable with:

- |                                |                                    |  |  |
|--------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Men   | <input type="checkbox"/> Teenagers | <input type="checkbox"/> Seniors         | <input type="checkbox"/> Doesn't like people |
| <input type="checkbox"/> Women | <input type="checkbox"/> Kids      | <input type="checkbox"/> Loves everybody |  |

Does your cat have a history of:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Scratching furniture | <input type="checkbox"/> Climbing curtains      | <input type="checkbox"/> Jumping on counters and tables |
| <input type="checkbox"/> Chewing plants       | <input type="checkbox"/> Chewing personal items | <input type="checkbox"/> Other: _____                   |

### **Dietary Habits**

What is this cat's favorite food/brand of food? \_\_\_\_\_

What does your cat eat most of the time?  Dry food  Canned food  Combination  People food

CONTINUED ON NEXT PAGE

## LITTER BOX HABITS

We ask these questions because litter box habits are one of the main reasons cats are surrendered. Please help us by giving as much detailed information as possible. Sometimes a change in environment may be just what the cat needs, and sometimes there are more serious health or behavioral issues involved.

Did your cat have access to a litter box in the house?  Yes  No  
If no, did your cat use the bathroom only outdoors?  Yes  No  
If yes, did your cat use the litter box?  Yes  No  Sometimes

Please describe the accidents:  Urinates outside the box  Urinates on clothing/furniture  
 Defecates outside the box  Sprays on walls/furniture  
 All of the above  Other: \_\_\_\_\_

How often was the litter box scooped?  Every day  Every few days  Weekly  Monthly  
How often was the litter box cleaned?  Every day  Every few days  Weekly  Monthly

What type of litter was used?

Unscented  Clay  Clumping  Yesterday's News  
 Crystals  Pine  Scented  Other: \_\_\_\_\_

If other cats, how many shared a litter box?  One  Two  Multiple Boxes for Multiple Cats

---

### Comments

Tell us what you love about this cat!