



Dutchess County SPCA
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Cat Surrender Profile

No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible about history, past veterinary care, likes, dislikes and quirks of your feline friend. Please be honest...the more we actually know about your cat, the greater our ability to help him/her find a new home!

General Information

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Shelter Arrival Date: _____

Cat's Name: _____ Age or approximate age: _____

Breed: _____

Sex: Male Female Not sure

Is cat spayed/neutered? Yes No Not sure

What kind of I.D. does this cat have? Microchip None Not sure

Is this cat declawed? Front All Not declawed

If declawed, when? As a kitten As an adult Acquired declawed

History

=====

Why are you surrendering your cat? _____

How long have you owned this cat? _____

Including yours, how many homes has this cat had? _____

Where did you acquire this cat? DCSPCA Born in my home

Breeder Pet store Friend/Relative

Newspaper ad Found as a stray Other _____

Another Shelter (Name) _____

Medical History

=====

Previous veterinarian: _____

Did the cat see a veterinarian at least once a year? Yes No Not sure

Is this cat current on vaccinations? Yes No Not sure

Has this cat been hit by a car or required other surgery? Yes No Not sure

If yes, please explain: _____

Has this cat been diagnosed with and/or treated for any of the following: *(check all that apply)*

Allergies Heart murmur Epilepsy or seizures

Thyroid disease Tumors Urinary tract infection

Upper respiratory infection Organ Failure

Diabetes Other _____

Does this cat need any medication? Yes No Not sure

If yes, please describe _____

Personality & Behavior

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

- Very active
- A clown
- Shy to visitors
- Affectionate
- Quiet
- Playful
- Solitary
- Friendly to family
- Couch potato
- Playful
- Independent
- Lap cat
- Fearless
- More like a dog
- Friendly to visitors
- Shy to family
- Talkative
- Aloof
- Withdrawn
- Fearful
- Other _____

Where does this cat dislike being petted? _____

Does this cat like catnip? Yes No

How has this cat ever acted aggressively toward a person?
 Bitten Broken skin Scratched Growled Not aggressive

Please describe situation fully _____

What have you done to correct the problem? _____

Play Style

How does this cat like to play? *(check all that apply)*

- Plays gently, does not use teeth or claws
- Likes to play rough, may nip or scratch
- Likes to chase & pounce with a variety of toys
- Likes things that crackle, such as paper bags
- Likes to play hide & seek
- Will fetch items like bottle caps or toys
- Likes to learn tricks for treats
- Likes to play with other cats
- Likes to play with dogs
- Not much interest in play
- Chases bugs or moths
- Likes to play in or around water
- Other _____

Lifestyle & Home Life

What areas of your home did the cat have access to? *(check all that apply)*

- Indoors only
- Garage or basement
- In barn or shed
- Indoors in cold weather
- Other _____
- Outdoor only
- Indoors with access to outside
- Screened porch
- Outdoors in warm weather

Where did your cat spend most of his or her time? *(check all that apply)*

- Bedroom
- Garage or basement
- At the window
- Kitchen
- Barn or shed
- Other _____
- Living Room
- Outdoors only
- Where people are

If this cat lived with other cats, how did they interact? *(check all that apply)*

- Adored each other
- Slept near each other
- Fought without injuries
- Groomed each other
- Other _____
- Played together
- Peacefully coexisted
- Fought with injuries
- Caused this cat stress
- Sniffed noses
- Ignored each other
- Rough with others
- Gentle with others

If this cat lived with dogs, how did they interact? *(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 the dog | <input type="checkbox"/> Played with each other |
| <input type="checkbox"/> Peacefully coexisted | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Fought without injuries |
| <input type="checkbox"/> Fought with 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"/> Caused this cat stress |
| <input type="checkbox"/> Other _____ | | |

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

If yes, what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

What ages of children would you recommend for this cat?

- 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs. No children under 18

If this cat lived with children under the age of 5, 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 & child played together | <input type="checkbox"/> Cat hissed or growled at child |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Mutual adoration |
| <input type="checkbox"/> Other _____ | |

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

If no, please explain _____

Is this cat most comfortable with _____

- | | | |
|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Women | <input type="checkbox"/> Men | <input type="checkbox"/> Kids |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> Seniors | <input type="checkbox"/> Loves all people |

How would you describe the ideal home for your cat? _____

Please tell us some things you truly love about this cat! _____

Are there any quirks or habits you are not fond of in your cat? _____

Does your cat do any of the following? *(check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Jumps on counter/tables | <input type="checkbox"/> Scratch furniture | <input type="checkbox"/> Chew plants |
| <input type="checkbox"/> Scratch doors/cabinets | <input type="checkbox"/> Chew personal items | <input type="checkbox"/> Climb curtains |
| <input type="checkbox"/> Other _____ | | |

How did you attempt to correct the problem(s)? _____

Dietary Habits

What is your cat's favorite brand of food? Dry _____ Can _____

Which does your cat eat? Dry only Canned only
 Combination of dry & canned
 People food _____

What type of treats does your cat enjoy? _____

How often do you feed your cat? Food always available Fed once a day
 Fed twice a day

Does this cat need a special diet? Yes No

If yes, please describe _____

Litter Box Habits

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We ask so many questions about litter box use because it is 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 the cat use the bathroom only outdoors? [] Yes [] No
If yes, did your cat use the litter box? [] Yes [] No [] Sometimes
If sometimes, how often does the cat make mistakes? _____

Please describe the accidents:
[] Urinates outside the box [] Urinates on clothing/furniture
[] Defecates outside the box [] Sprays on wall/furniture
[] All of the above [] Other _____

How often was the litter box scooped? [] Every day [] Every few days [] Weekly [] Rarely
What type(s) of litter was used? [] Unscented [] Scented [] Clumping
[] Non-clumping [] Crystal [] Clay [] Pine
[] Yesterday's News [] Other _____

Are there other animals in the home?
[] No [] Other cats [] Dogs [] Birds [] Rodents
If other cats, how many shared a litter box?
[] One [] Two or more [] Many cats shared [] Multiple boxes for multiple cats
If litter box accidents were an issue, when did they begin?
[] Past month [] Past year [] Ongoing

Can you pinpoint an event(s) that might have influenced or triggered inappropriate litter box use? _____
Please describe what measures you have taken to correct this problem. _____

Has your cat been to the veterinarian to rule out infection or underlying health issues?
[] Yes [] No
If yes, what was the outcome? _____

I give my veterinarian (named below) permission to release any and all medical information about my animals to the Dutchess County SPCA.

Veterinarian/Hospital Name: _____

Phone Number: _____

Signature _____ Date _____

Print Name _____

