Cat Surrender Profile

OWNER’S INFORMATION
Name: __________________________________________
Phone: ______________________________
Address
Street Name__________________________________________________________
City_________________ State__________ Zip Code________
Email: ________________________________________________

BASIC INFORMATION
Cat’s Name________________________________ Breed________________________________
☐Male  Neutered:☐Yes ☐No          ☐Female  Spayed: ☐Yes ☐No
DOB_____________ Age_________  Declawed: ☐Yes ☐No ☐Front only ☐All four
Is your cat micro-chipped? ☐No ☐Yes  Micro-chip #________________________________
Where did you get your cat? ☐Friend/Family ☐Farm ☐Rescue/Shelter ☐Pet Store ☐Internet
☐Breeder      Other_____________________

Does your cat ever go outside?   ☐Yes ☐No   ☐Inside cat only
If your cat went outside was it? ☐Indoor/Outdoor cat (went outside as it wanted)  ☐Uses a cat door to
    come/go ☐Is leash trained for walking outside   ☐Outdoor cat only

People in the house included:     _____# of Adults     _____# of Children   ___________________Ages of Children

Other animals in the house:     _____None     _____# of cats     _____#of dogs     Other_____________________

My cat sleeps with:    ☐me ☐the kids ☐with another cat ☐with the dog ☐in the garage ☐outside
WHY DO YOU WANT TO GIVE YOUR CAT UP (PLEASE BE SPECIFIC)?

PERSONALITY/BEHAVIOR (CHECK ALL THAT APPLY)

I would describe my cat as: □ Friendly □ Calm □ Gentle □ Quiet □ Playful □ Chatty □ Attentive □ Sociable □ Independent □ Mellow □ Affectionate □ Cuddler □ Lap cat □ Enjoys Being Held □ Scared □ Nervous □ Timid □ Shy □ Fearful □ Hides □ Enjoys being petted □ Aggressive □ Attacks objects, people, other animals □ Playful □ Unpredictable □ Other__________________________

HEALTH

Name of Vet/Vet Clinic:________________________________________________________________________
City______________________________________ State______ Ph#__________________________________

When did your cat last see the vet?___________________________________________________________

Is your cat current on vaccinations? □ Yes □ No

Is your cat currently on any medications? □ No □ Yes List________________________________________

Additional Comments: (continue on back with additional comments/ update if needed)

By signing, I verify that the information provided is accurate and complete. I understand that this information will be used in deciding the most appropriate placement. I also understand that before surrendering this animal to GCHS, I must provide all medical records from my vet. Acceptance of the cat will be determined based on this profile and the medical records provided by the veterinarian.

_________________________________________  ____________
Signature                      Date