



Feline Surrender Profile

Feline Profile

The following questionnaire provides Elmbrook Humane Society (EBHS) with more information about your cat in order to learn more about his/her behavior. Because your cat is likely to behave in similar ways in his/her new home, this information helps us find the most suitable match for your cat. Your open and honest answers are necessary and appreciated.

Surrender Reason

Please describe why you are applying to surrender your cat to EBHS.

If help could be provided with remedying the reason for surrender, would you be open to keeping your cat? Yes No Possibly

Were you referred by a person or business? Yes No If yes, who: _____

Owner Information

Name (first and last)			Date application submitted	
Street address			City	State
Phone/Type (primary)			Phone/Type (secondary)	Email
Zip code				

Animal Information

Name	Breed	Age	Sex	Altered	Color	Declawed?
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

If your cat is declawed, is he/she: Declawed in the front only Four paw declawed

If your cat is declawed, was this done: As a kitten As an adult Already declawed when acquired

Where did you get your cat from? EBHS Friend/Relatives Newspaper/Online Found/Stray Breeder Pet store

Another Shelter/Rescue: _____ Other (please describe): _____

How long have you had your cat? _____ Including yours, how many homes has your cat had? _____

Household Information

Please list all people currently living in your home:

Name (first and last)	Age	Name (first and last)	Age
	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+
	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+
	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+
	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+

If children are living in your home, how does your cat react to the children?

Friendly/Social Shy/Scared Tolerant/Indifferent Other (please describe): _____

Please list all companion animals that your cat has lived with or is currently living with:

Name	Breed	Age	Sex	Altered	Declawed	Still in home
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

No other animals in the household

If you have other pets in your household, did your cat get along with them?

Yes No (please explain) _____ Sometimes (please explain): _____

What would you consider the activity level in your household to be like? A library Middle of the road A carnival

Typical Behaviors/Tendencies:

Does your cat ever eliminate outside of the litterbox? Yes No If yes, how often _____

If yes, does your cat urinate only, defecate only, or both? Urinate Defecate Both

If yes, how long has your cat been inappropriately eliminating?

If yes, where does your cat eliminate other than the litterbox?

If yes, what have you tried to help correct the inappropriate elimination? _____

If yes, have you been to the vet to rule out infection or any underlying healthy issues? Yes No

What type of litter does your cat prefer? Clay Clumping Shavings Pellets Other _____

What brand of litter does your cat prefer? _____

How many litterboxes do you have? _____ Where are they located? _____

What type of litterbox does your cat prefer? Covered Uncovered Other _____

Does your cat ever spend anytime outside? Yes No If yes, please describe _____

Where does your cat spend most of his/her time? Inside the house, free roam Inside the house, confined to a specific area _____

Outside, free roam Other (please specify) _____

How long is your cat left alone during the day? Never left alone 1-3 hours 4-8 hours 9-12 hours 12+ hours

Where does your cat usually sleep at night? _____

Is your cat allowed on the furniture? Yes No If yes, is there anywhere your cat does not have access to jumping on? _____

What are your cat's bad habits, if any? _____

Does your cat have a scratching post? Yes No If yes, how many/what type? _____

If no, does your cat have an allotted space/item he/she can use to scratch? Yes No If yes, what/where? _____

Is your cat talkative? Yes No Does your cat like to purr? Yes No

If your cat had a career what would it be? _____ Why? _____

How does your cat usually react when you or another family member does the following (please place an x in all that apply)?

	Never tried	Enjoys	Allows	Afraid	Hisses/Growls	Scratches	Bites	None
Bathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does your cat usually behave toward the following (please place an x in all that apply)?

People your cat knows	Never encounter	Friendly	Afraid	Hisses/Growls	Scratches	Bites	None
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar People	Never encounter	Friendly	Afraid	Hisses/Growls	Scratches	Bites	None
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals your cat knows	Never encounter	Friendly	Afraid	Hisses/Growls	Scratches	Bites	None
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar Animals	Never encounter	Friendly	Afraid	Hisses/Growls	Scratches	Bites	None
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your cat has bit, did the bite break skin? Yes No Was the bite reported? Yes No Did the bite require medical attention? Yes No

Please explain circumstances of the bite(s) _____

What toys does your cat like to play with? Balls Mice Wand Laser String None Other _____

What games does your cat like? Fetch Hunt Chase Climb None Other _____

What is your cat's favorite thing to do? _____

Describe your cat's activity level: Very active Moderately active Couch Potato

Is your cat afraid of anything? Yes No If yes, please describe _____

Does your cat exhibit any anxiety over anything? Yes No If yes, please describe _____

What are your cat's top 3 best qualities?

1. _____ 2. _____ 3. _____

Would you describe your cat as: More social More independent

On a scale from 1-10 how would you rate your cat's level of affection? 1-not affectionate 2 3 4 5 6 7 8 9 10-super affectionate

Medical History

Does your cat see a veterinarian at least once a year? Yes No

When was the last time your cat saw a veterinarian? _____

If yes, please specify the veterinarian name and contact information:

Veterinarian Name _____ Contact Info _____

Is your cat current on his/her vaccines? Yes No

How does your cat usually behave while at the vet for the following procedures (please place an x in all that apply)?

	Hisses/Growls	Scratches	Bites	None	Unknown
Wellness exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your cat have any past or present medical conditions? Yes No If yes, please describe _____

Is your cat currently on any medication or special diet? Yes No If yes, please describe _____

What type of food does your cat eat? Kibble Canned Raw Other _____ Brand _____

Is your cat a good eater? Yes No Please explain _____

How often is your cat fed per day? Once Twice More than twice Free-fed (food out all day) Other _____

*I certify that the above information is accurate and truthful to the best of my knowledge.

Signature Date

OFFICE USE ONLY		
Staff Member Name	Initials	Date