



# Cape Ann Animal Aid

Christopher Cutler Rich Animal Shelter

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## CAT SURRENDER PROFILE

Please take the time to fill out this information as thoroughly and accurately as possible. The answers to these questions will help us to assess this cat's adoptability as well as determine what type of household he or she should be placed in.

**Cat's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  Male  Female

**Spayed/Neutered?**  Yes  No **Breed:**  DSH  DMH  DLH  Other \_\_\_\_\_ **Color:** \_\_\_\_\_

**Why are you giving up this cat?** \_\_\_\_\_

\_\_\_\_\_

**If this is a time sensitive matter please tell us why and what is your time frame?**

\_\_\_\_\_

**Where did you get this cat?** \_\_\_\_\_

**How long have you had this cat?** \_\_\_\_\_

**If this cat came from another shelter or rescue, have you contacted them?**  Yes  No

### What does this cat like...?

Being pet  Sitting on lap  Looking out window  Being brushed  Being carried/picked up

Other cats  Dogs  Children (Ages: \_\_\_\_\_)

Playing with:  Dangling string toys  Catnip toys  Ball toys  Catching mice

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

### What does this cat dislike...?

Loud noises  Being pet  Being brushed  Being carried/picked up

Other cats  Dogs  Children (Ages: \_\_\_\_\_)  Playing  Nail trims  New people

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

### When you do something this cat dislikes, how does he/she react?

Tolerates it  Runs/walks away  Hisses  Growls  Scratches  Bites

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

### Has this cat ever done the following things to a person?

Scratched  Growled/Hissed:  Bit (broke skin)

**If yes, please explain the circumstances.** \_\_\_\_\_

\_\_\_\_\_

**What other types of animals did this cat live with?** \_\_\_\_\_

**How did this cat get along with these animals?** \_\_\_\_\_

**Do you provide this cat with a litter box?** Yes No **Is the litter box covered?** Yes No

**What type of litter do you provide?** Clay Clumping Crystals Other \_\_\_\_\_

**How many litter boxes do you provide?** \_\_\_\_\_

**Does your cat have accidents in the house?**  Yes  No

**Is this cat declawed?**  No  Front paws  Rear paws

**Does this cat use a scratching post?** Yes  No  None provided

**What type of scratching post do you provide?**  Carpet post  Rope post  Wood/log post  
 Cardboard scratch pad  Other: \_\_\_\_\_

**Where does this cat live?**  Inside only  Inside and Outside  Outside only

**If outside, is this cat:**  Allowed to roam  Supervised  Harnessed

**How often is this cat fed?** Once a day Twice a day 3+ times a day Food always available

**What brand of food is this cat fed?** \_\_\_\_\_  Wet  Dry  Both

**What veterinary clinic has the most current medical records for this cat?**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If the vet records for this cat are under a different name (other than yours) at the vet clinic, please provide the name and address associated with this cat:**

\_\_\_\_\_

**Please list all non-routine (sick, accidents etc.) reasons that this cat has gone to the veterinarian and any medications or special diets this cat is on:**

\_\_\_\_\_

\_\_\_\_\_

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Your Relationship to this cat: \_\_\_\_\_

If you are not owner please list Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_