



CHAMPAIGN COUNTY HUMANESOCIETY

Cat Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible. We strive to give all of the animals at the Champaign County Humane Society the best care possible and in completing this form accurately, you can help us achieve that goal.

OWNER INFORMATION:

Full Name: _____
Last First M.I.

Maiden Name or other names used: _____

Address: _____
Street Address City State Zip code

Phone Number: (____) _____ Email Address: _____

Have you ever adopted an animal from us? Yes No Unsure
Have you ever relinquished an animal to us? Yes No Unsure

ANIMAL INFORMATION:

General History:

Why are you surrendering your pet today? _____

Cat's Name: _____ Nickname: _____

Age or approximate age: _____ How long have you owned this cat? _____

Breed or breed mix: _____

Is this cat a: Male Female Unsure
Has this cat been spayed or neutered? Yes No Unsure
Has this cat been microchipped? Yes No Unsure
Has this cat been declawed? No Yes, front All four declawed

Where did you acquire this cat?

- CCHS Another shelter Found as a stray
- Friend/relative Pet store Breeder
- Newspaper ad Born in my home/on my property Craigslist
- Other _____

If you obtained this animal from another shelter, breeder, or pet store, please provide the name and location of the source:

Medical History:

Name of Veterinary Clinic: _____ Date of last exam: _____

Are the Veterinary records in your name? Yes No

If no, whose name would they be under? _____

Is this cat current on his/her vaccines (Rabies, Distemper Combo)? Yes No Unsure

Does this cat have any medical problems? Yes No Unsure

If you answered yes, please explain: _____

Is this cat currently on any medication? Yes No Unsure

List medications here: _____

Does your cat need to be on a special diet? Yes No Unsure

If you answered yes, what type of special diet? _____

Please check all conditions that your cat has been diagnosed with or has been treated for:

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Urinary tract Infection | <input type="checkbox"/> URI | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Ringworm | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> FIV | <input type="checkbox"/> Feline Leukemia |
| <input type="checkbox"/> Other: _____ | | | |

How does this cat behave at the vet's office?

- Calm, relaxed Anxious Hisses or Growls Highly stressed

Personality Profile

Check all traits that best describe your feline friend's personality:

- | | | |
|--|--|---|
| <input type="checkbox"/> Very energetic | <input type="checkbox"/> Shy to strangers | <input type="checkbox"/> Shy with some family members |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Playful | <input type="checkbox"/> Lap cat |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Friendly/Affectionate | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Too needy <input type="checkbox"/> Other: _____ | | |

What's your cat's favorite style of play? (check all that apply)

- Very gentle Enjoys playing Doesn't show a great interest in playing
 Very energetic Will learn tricks for treats Loves toys
 Other: _____

Lifestyle and Home Life:

Was this cat: (check all that apply)

- Indoors only Outdoors only Indoor/Outdoor

Where did your cat enjoy spending most of his/her time?

- Living room Kitchen Bedroom At the window
 Bathroom Hiding Garage Basement
 Other: _____

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

- Affectionate Playful and energetic Groomed each other
 Slept near each other Caused each other stress Fought often
 Played too rough Was picked on by other cat Picked on other cat
 Other: _____

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

- Avoided each other Cat feared the dog Played too rough
 Dog chased the cat Peacefully coexisted Caused this cat stress
 Cat tormented dog Slept near each other Played nicely with each other
 Fought often Other: _____

Has this cat been around children? Yes No Unsure

If yes, please indicate the age range of children:

- 0-2 years old 2-5 years old 6-10 years old 11-18 years old

How did this cat and the children interact? (check all that apply)

- Ignored each other Child chased cat Cat and child played together
 Cat was afraid of child Cat played too rough with child
 Other: _____

How does this cat act around women? (check all that apply)

- Very loving Playful Calm Avoids certain adults
 Nips or bites Hisses Acts aggressively (please explain): _____

Other: _____

How does this cat act around men? (check all that apply)

- Very loving Playful Calm Avoids certain adults
 Nips or bites Hisses
 Acts aggressively (please explain): _____

Other: _____

What would you describe to be the perfect home for your cat? _____

Tell us your favorite characteristic about your cat: _____

Does your cat have any behaviors, quirks or habits that you are not fond of? _____

Dietary Habits

Which of the following does your cat eat?

- Dry food only Canned food only Combination of dry and canned
 Table scraps Home cooked diet Other: _____

What brand of cat food does your cat eat?

- Science diet Iams Eukanuba Purina
 Friskies Other: _____

Litter Box Habits

Many things can cause litter box problems. It can be a health condition, such as a urinary tract infection. Changes in environment may also be the cause (family move, new pet, new baby, change of litter type). Please provide us with as much detail as possible regarding your cat's litter box habits.

Did your cat have access to a litter box in the house?

- No Yes How many? _____

If yes, did your cat use the litter box?

- Yes, consistently No Sometimes

When was the most recent litter box accident?

- Within the last week Within the last month Six months ago Six or more months ago
 Never Other: _____

Please describe the accidents: _____

If the cat urinates or defecates outside of the box, does the cat most often go right beside the box?

- Yes No

How often do you scoop the litter box?

- Daily Every few days Weekly Monthly

What type of litter was used?

- Scented Unscented Clumping Non-Clumping
 Clay Yesterday's news Crystals Other: _____

Were there other animals in your home?

- No Other cat (s) Dog (s) Other: _____

If other cats, how many shared a litter box?

- One Two or more Many

If litter box issues were a problem, when did they begin?

- Recently In the past month In the past year Ongoing issues

Has your cat been examined by a veterinarian for his/her litter box issues to rule out any medical problems contributing to the cat not using the litter box? No Yes

If yes, what was the diagnosis/outcome? _____

Can you pinpoint an event that may have influenced/triggered poor litter box habits? _____

Please describe what measures you have taken to correct the problem: _____

Please feel free to add additional comments that you think would be helpful to shelter staff or potential adopters:

