



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? _____

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"/> Energetic/Playful | <input type="checkbox"/> Shy | <input type="checkbox"/> Talkative | <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"/> Aggressive | | | |
| <input type="checkbox"/> Other: _____ | | | |

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

- Very gentle Doesn't show a great interest in playing
 Very energetic Loves toys
 Other: _____

Lifestyle and Home Life:

Was this cat: (check all that apply)

- Indoors only Outdoors only Indoor/Outdoor

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

- Affectionate Slept near each other Caused each other stress
 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 Peacefully coexisted Loved each other
 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 adults? (check all that apply)

- Very loving Calm Avoids certain adults
 Acts aggressively (please explain): _____
 Other: _____

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
 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 consistently?

- Yes, consistently No Sometimes

If no or sometimes, when was the most recent litter box accident?

- Within the last week Within the last month Six or more months ago
 Other: _____

Please describe the accidents, including any vet diagnostics for the problem, possible triggers for the problem and any measures you have tried to correct the problem: _____

Were there other animals in your home?

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

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

Thank you for taking the time to fill out this form, it will help us to find the right home for this animal