



CHAMPAIGN COUNTY HUMANESOCIETY

Cat Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible.

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?: 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 declawed All four declawed

Where did you acquire this cat?

CCHS Shelter or Rescue 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, rescue group, or pet store, please provide the name and location of the source:

Medical History:

Have you taken this cat to a veterinarian?

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

How does this cat behave at the vet's office? (check all that apply)

- Calm, relaxed Anxious Fearful Aggressive Indifferent

Dietary Habits:

Which of the following does your cat eat? (check all that apply)

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

Personality Profile:

Traits that best describe your cat's personality: (check all that apply)

- Energetic Shy/reserved Talkative Playful Lap cat Independent Friendly
 Fearful Avoidant Aggressive Other: _____

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

- Gentle Energetic Enjoys playing Does not show much interest in playing Loves toys
 Will learn tricks for treats Likes to chase wand toys Likes to chase mice/balls Likes catnip
 Likes to chase laser pointer toy Other: _____

Lifestyle and Home Life:

Was this cat?: (check all that apply)

- Indoors only Outdoors only Indoor/Outdoor

Where did your cat spend most of his/her time?

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

Describe how this cat behaved around other cats? (check all that apply)

- Affectionate Playful Groomed each other Slept near each other Caused each other stress
 Fought with other cats Played too rough Picked on by other cat Picked on other cat
 Other: _____

Describe how this cat behaved around dogs? (check all that apply)

- Avoided each other Cat feared the dog Played too rough
 Dog chased the cat Peacefully coexisted Dog stressed cat
 Cat tormented dog 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 does this cat behave around children? (check all that apply)

- Friendly Playful Calm Avoidant Indifferent Fearful Aggressive
 Other: _____

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

- Friendly Playful Calm Avoidant Indifferent Fearful Aggressive
 Other: _____

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

- Friendly Playful Calm Avoidant Indifferent Fearful Aggressive
 Other: _____

Tell us any unique characteristics/behaviors about the cat: _____

Litter Box Habits:

Many things can cause litter box problems. It can be a health condition, such as a urinary tract infection (UTI). Changes in environment may also be a contributing factor (family move, new pet, new baby, a change of litter type, etc.). 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?

No Yes Sometimes

When was the most recent litter box accident?

Within the last week Within the last month 1-6 months ago 6 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

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 there were other cats, how many shared a litter box?

One Two Three Four More than four

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

Within the last week Within the past month Within the past year Has been an ongoing issue

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 add additional information/comments that would be helpful to the CCHS staff: _____

