



# CHAMPAIGN COUNTY HUMANESOCIETY

## Cat Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible.

### Owner Information:

Full Legal Name: \_\_\_\_\_

Maiden Name or Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Have you ever adopted an animal from CCHS?  Yes  No

Have you ever relinquished an animal to CCHS?  Yes  No

### Animal Information - General

Why are you surrendering this pet today? \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Does this cat respond to their name?  Yes  No  Unsure

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

Breed or breed mix: \_\_\_\_\_

Cat's gender:  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  Yes, all four paw 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 or vet clinic?  Yes  No

Name of Veterinarian/Vet Clinic: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Are Veterinary records in your name?  Yes  No

If no: Whose name are they under? \_\_\_\_\_

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

Is this cat currently on a monthly flea preventative?  Yes  No  Unsure

If yes: Date last given? \_\_\_\_\_ Brand? \_\_\_\_\_ Type:  Topical  Oral  Collar

Does this cat have any medical problems?  Yes  No  Unsure

If yes: Please explain: \_\_\_\_\_

Is this cat currently on any medication(s)?  Yes  No  Unsure

If yes: List medications here: \_\_\_\_\_

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

- |  |  |  |  |                              |
|--|--|--|--|------------------------------|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Urinary tract infection               | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> FIV |
| <input type="checkbox"/> Hyperthyroid  | <input type="checkbox"/> Hypothyroid                           | <input type="checkbox"/> Feline Leukemia   | <input type="checkbox"/> Ringworm      |                              |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Heart Murmur                          | <input type="checkbox"/> Renal Issues      | <input type="checkbox"/> Skin Problems |                              |
| <input type="checkbox"/> Calici Virus  | <input type="checkbox"/> Recurrent Upper Respiratory Infection |  |  |                              |
| <input type="checkbox"/> Other: _____  |  |  |  |                              |

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

- Calm, relaxed  Anxious  Fearful  Aggressive  Indifferent  Fractious

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

If yes: What type of special diet?  Urinary care  Kidney care  Weight loss  Sensitive Skin

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

If no: Which of the following does this cat eat? (Check all that apply)

- Dry food only  Canned food only - Brand? \_\_\_\_\_ Type:  Pate  Shreds/Chunks  Gravy  
 Combination of dry and canned  Table scraps  Home cooked diet  
 Other: \_\_\_\_\_

## Personality Profile:

Which traits best describe this cat's personality? (Check all that apply)

- |                                       |  |                                      |                                      |                                  |   |
|---------------------------------------|--|--------------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Energetic    | <input type="checkbox"/> Shy/reserved    | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Playful     | <input type="checkbox"/> Lap cat | <input type="checkbox"/> Independent    |
| <input type="checkbox"/> Friendly     | <input type="checkbox"/> Fearful         | <input type="checkbox"/> Avoidant    | <input type="checkbox"/> Solitary    | <input type="checkbox"/> Anxious | <input type="checkbox"/> Gentle         |
| <input type="checkbox"/> Calm         | <input type="checkbox"/> Confident       | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Destructive | <input type="checkbox"/> Aloof   | <input type="checkbox"/> Laid back/lazy |
| <input type="checkbox"/> Curious      | <input type="checkbox"/> People-oriented | <input type="checkbox"/> Stubborn    |                                      |                                  |   |
| <input type="checkbox"/> Other: _____ |  |                                      |                                      |                                  |   |

What is this 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 catnip  
 Likes to chase mice/balls  Likes to chase laser pointer toy  
 Enjoys playing with other cats  Enjoys playing with dogs  
 Other: \_\_\_\_\_

Does this cat display any of the following behaviors you consider a problem? (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Escape artist          | <input type="checkbox"/> Runs away             | <input type="checkbox"/> Chews up plants          | <input type="checkbox"/> Sprays/marks territory   |
| <input type="checkbox"/> Scratches furniture    | <input type="checkbox"/> Plays too rough       | <input type="checkbox"/> Steals food/trash        | <input type="checkbox"/> Guards food              |
| <input type="checkbox"/> Too needy              | <input type="checkbox"/> Excessive grooming    | <input type="checkbox"/> Sheds too much           | <input type="checkbox"/> Difficult for nail trims |
| <input type="checkbox"/> Kills wildlife         | <input type="checkbox"/> Hisses or bites       | <input type="checkbox"/> Unpredictable aggression |   |
| <input type="checkbox"/> Aggressive w/strangers | <input type="checkbox"/> Aggressive w/children | <input type="checkbox"/> Aggressive w/ animals    | <input type="checkbox"/> Aggressive w/ adults     |
| <input type="checkbox"/> Other: _____           |  |   |   |

If you checked boxes for aggressive behavior, please explain the circumstances and what behaviors were seen: \_\_\_\_\_  
\_\_\_\_\_

## Lifestyle & Home Life:

This cat was housed:

- Indoors only       Outdoors only       Indoor/Outdoor

Where did this cat spend most of their time?

- Living room       Kitchen       Bedroom       At the window       Bathroom  
 Basement       Garage       Porch       Outdoors       In cat tree  
 Other: \_\_\_\_\_

Has this cat ever lived with other cats?  Yes  No  Unsure

If yes: When did this animal last live with another cat? \_\_\_\_\_

If yes: How long did they live with another cat? \_\_\_\_\_

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       Cat selective  
 Other: \_\_\_\_\_

Has this cat ever lived with dogs?  Yes  No  Unsure

If yes: When did this cat last live with a dog? \_\_\_\_\_

If yes: How long did they live with a dog? \_\_\_\_\_

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

Has this cat ever *lived* with children?  Yes  No

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  
 Prefers women to men       Other: \_\_\_\_\_

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

- Friendly       Playful       Calm       Avoidant       Indifferent       Fearful       Aggressive  
 Prefers men to women       Other: \_\_\_\_\_

How does this cat act when people come to visit? (Check all that apply)

- Outgoing       Friendly       Affectionate       Playful  
 Fearful       Hides/avoidant       Shy       Aggressive  
 Other: \_\_\_\_\_

Tell us any unique characteristics/behaviors about this cat: \_\_\_\_\_

## Litterbox 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 this cat have access to a litter box in the house?  No  Yes - How many? \_\_\_\_\_

What type of litterbox did they use?

- Open litterbox       Top-entry       Litterbox with lid       Shallow litterbox  
 Litterbox with high sides       Self-cleaning  
 Other: \_\_\_\_\_

Where was the litterbox located in the home? \_\_\_\_\_

Did this cat use the litterbox consistently?  Yes  No  Sometimes

When was the most recent litter box accident?

- On-going       Within the last week       Within the last month       1-6 months ago  
 6+ months ago       Never       Other: \_\_\_\_\_

Please describe the accidents and where they were occurring: \_\_\_\_\_

If the cat urinates or defecates outside of the box, does the cat 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? (Check all that apply)

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

Were there other animals in the home?

- No       Yes, other cat(s)       Yes, 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 this 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: \_\_\_\_\_

Additional Comments:

Is there anything else we should know about this cat's behavior? \_\_\_\_\_

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What is your favorite characteristic about this cat? \_\_\_\_\_

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Please add any additional information/comments that would be helpful to the CCHS staff: \_\_\_\_\_

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