



# HELPING PAWS ANIMAL SHELTER

## CAT OWNER RELINQUISHMENT FORM

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review. Please complete the following information so we may get to know your pet better and obtain their medical records from your veterinarian.

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Breed/Mix: \_\_\_\_\_ Description: \_\_\_\_\_

Household Type:  Single Cat Home  Multi-Cat Home

Reason for relinquishing cat? \_\_\_\_\_

Does cat belong to you? Y or N If NO what is your relationship to owner \_\_\_\_\_

Is your cat spayed/neutered? Y or N If YES, when? \_\_\_\_\_

Are you the first owner? Y or N If NO, how many owners has the cat had? \_\_\_\_\_

Do you have other pets? Y or N If YES, indicate \_\_\_\_\_

Did you adopt the cat from HP? Y or N How long ago? \_\_\_\_\_ If YES, name of cat at adoption \_\_\_\_\_

If NO, where was cat obtained from \_\_\_\_\_ How long ago? \_\_\_\_\_

How does your cat behave around family? Indicate ages and number of adults/children in household.

\_\_\_\_\_  
\_\_\_\_\_

A. Around strangers? \_\_\_\_\_

B. Around children? \_\_\_\_\_

C. Around other animals? \_\_\_\_\_

Is your cat declawed?  Front only  Front/Back  Not declawed

Where does your cat live?  Inside  Outside  Both \_\_\_\_\_% Inside \_\_\_\_\_% Outside

Does your cat scratch furniture?  Often  Sometimes  Never

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Does your cat use its litter box?  Always  Sometimes  Never

Does your cat have a scratching post? Y or N If YES, what kind?  Carpet  Sisal  Cardboard  Wood

Has your cat ever seriously bitten or scratched anyone? Y or N If YES, how many times? \_\_\_\_\_

Describe the circumstances: \_\_\_\_\_

What are some of your cat's favorite games, toys or activities? \_\_\_\_\_

Is your cat active? Y or N If YES, how many times per day? \_\_\_\_\_

How often would someone play with your cat? \_\_\_\_\_

Can your cat do any tricks? Y or N If YES, please describe: \_\_\_\_\_

Does your cat like to be groomed? Y or N Stroked? Y or N Touched? Y or N Picked Up? Y or N

Who is your cat's current veterinarian? Please provide vets name and phone number plus hospital name.

Does your cat have any current or past health issues? If so, please explain: \_\_\_\_\_

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**I GIVE PERMISSION TO HELPING PAWS ANIMAL SHELTER TO CONTACT MY VETERINARIAN AND OBTAIN MY PET'S MEDICAL HISTORY.**

\_\_\_\_\_  
**SIGNATURE\***

\_\_\_\_\_  
**PRINT NAME\***

\_\_\_\_\_  
**DATE \***

**VETERINARIAN NOTE:** Please fax all records to Helping Paws Animal Shelter at 815-338-4406, Attn: Arlene or Sherry. For more information, please call us at 815-338-4400 and ask for Arlene or Sherry.

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## LITTER BOX PROBLEMS:

**If your cat is experiencing LITTER BOX PROBLEMS, answer the following questions:**

Does your cat urinate, defecate or both outside of its box? Y or N

If so, where?  Floor  Carpet  Cushions  Porcelain  New items  Other

How often per day or week? \_\_\_\_\_

Does your cat spray vertical surfaces? Y or N

How many litter boxes does your cat have access to? \_\_\_\_\_

How often do you clean the litter boxes? \_\_\_\_\_

What kind of litter do you use? \_\_\_\_\_

Have you ever tried the following?  Unscented Litter  Non-Clumping Litter  Uncovering the litter box  
 Different brands of litter  Moving the litter box  
 More frequent box cleaning/changing If so, how often? \_\_\_\_\_

Did your cat used to use the litter box or has it always had this problem? \_\_\_\_\_

Has your cat been checked by a veterinarian to rule out any medical problems that could cause this problem?  
\_\_\_\_\_

What did you use to clean the soiled areas? \_\_\_\_\_

Have you ever tried Feliway? Y or N If YES, what kind?  Spray  Diffuser  Other

## AGRESSION TO CATS:

**If your cat is experiencing AGRESSION TO OTHER CATS OR PEOPLE, answer the following questions:**

Describe the circumstances of the aggressive behavior: \_\_\_\_\_  
\_\_\_\_\_

Have you tried to fix the problem? Y or N If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

If your cat experiences problems with aggression to people, identify age & sex of the person: \_\_\_\_\_

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## **DESTRUCTIVE BEHAVIOR:**

**If your cat experiences problems with DESTRUCTIVE BEHAVIOR, answer the following questions:**

What items does your cat destroy? \_\_\_\_\_

Does your cat scratch or destroy items in other ways? \_\_\_\_\_

Is your cat destructive when you are home or only when left alone? \_\_\_\_\_

What scratching items (posts, carpet, etc. ) does your cat have? \_\_\_\_\_

Does your cat chew household items? \_\_\_\_\_

What else should we know about your cat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Please Note:

- ✓ The Relinquishment Fee will be determined by what medical and veterinarian care will be needed prior to its being adopted from Helping Paws Animal Shelter.
- ✓ The cat cannot be taken back by its owner once it has been relinquished to Helping Paws.

Name of HP representative reviewing questionnaire: \_\_\_\_\_