



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 Sisel 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: _____

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.

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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? _____

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: _____