



## Cat Surrender Form

Cat's Name: \_\_\_\_\_

### General Information

Gender: \_\_\_\_\_ Spayed/ Neutered: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Declawed? \_\_\_\_\_

What kind of ID does the cat have? Tattoo: \_\_\_\_\_ Microchip: \_\_\_\_\_

### History

Why are you surrendering this cat? \_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping the cat? \_\_\_\_\_

How long have you owned this cat? \_\_\_\_\_ Where did you acquire this cat? \_\_\_\_\_

Has your cat ever bitten anyone before? \_\_\_\_\_ If yes, under what circumstances and when? \_\_\_\_\_

If yes, is the incident documented with By-law, Animal Control or Public Health? \_\_\_\_\_

### Medical

What veterinary clinic does the cat visit? \_\_\_\_\_

Has this cat seen a veterinarian at least once per year? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Is this cat currently up to date with vaccines? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Date of last vaccination: \_\_\_\_\_

Has this cat ever required medical surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has this cat ever been diagnosed with a medical concern? (E.g. FIV, Diabetes, heart murmur, Urinary Tract infection): \_\_\_\_\_

Is your cat currently receiving any medication? \_\_\_\_\_

### Dietary Habits

Is your cat on a prescription diet? \_\_\_\_\_

What brand of food are you currently feeding your cat? \_\_\_\_\_

Which does your cat eat? **(Please circle)**

Dry Only

Can only

Combination of both

People food

How often is your cat fed? **(Please circle)** food always available or designated mealtimes \_\_\_\_\_

**Litter Box Habits**

Does this cat use the litter box? \_\_\_\_\_ If not, how often does the cat have accidents? \_\_\_\_\_

Please describe the accidents: **(Please Circle)**

Urinating outside  
the box

Defecates outside  
the box

Urinating on  
Clothing/furniture

Sprays on  
Walls/furniture

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

How many litter boxes are in the home? \_\_\_\_\_ How often was the litter box scooped? \_\_\_\_\_

If litter box accidents are an issue, when did they begin? \_\_\_\_\_

Please describe what measures you have taken to correct this problem: \_\_\_\_\_

Has your cat been to the veterinarian to rule out infection or underlying health issues? \_\_\_\_\_

**Lifestyle/ Personality**

What area of your home did the cat have access to? **(Please circle)**      Indoors      Outdoors      or Both

Does this cat use a scratching post? \_\_\_\_\_ or would the cat use other items? \_\_\_\_\_

If this cat has lived with other cats, how did they interact? \_\_\_\_\_

If this cat has lived with dogs, how did they interact? \_\_\_\_\_

Has the cat lived with children? \_\_\_\_\_ If yes, indicate what ages: \_\_\_\_\_

How would you describe your cat's personality most of the time? \_\_\_\_\_

Please tell us some things you truly love about this cat! \_\_\_\_\_

Are there any quirks or habits you are not fond of in your cat? (This question helps provide shelter staff with valuable insight into your pet and can help us ensure your pet has a successful adoption. Many quirks or habits are common behaviours natural to all cats and/or have simple solutions to resolve which we can share with a future adoptive family.)

Is there anything else that you would like us to know about your cat? (Feel free to use the bottom portion of this page to comment.)

*The Northumberland Humane Society is a charitable community resource, dedicated to protecting and providing temporary shelter and comfort to all animals in need and promoting adoption and rehoming for abused, abandoned, neglected, and unwanted companion animals. It relies solely on donations, bequests, and its own fundraising efforts for its very survival. In order for its doors to remain open the continued support of the community is essential.*

Why do we ask for a surrender fee? Your surrender fee goes towards:

- Providing food and general care
- Veterinary care
- Spaying/Neutering
- Vaccinations, Microchipping, Deworming treatment
- Maintenance of the shelter

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# Release of Medical Information and Veterinary Records

I, \_\_\_\_\_, hereby request that \_\_\_\_\_ release  
*(owner/custodian)* *(veterinarian)*

any information pertaining to \_\_\_\_\_ contained in the veterinary records  
*(name of animal/s)*

at the \_\_\_\_\_ to the Northumberland Humane Society.  
*(clinic name)*

This request and authorization is limited to the above-noted agency. This shall be your good and sufficient authority for doing so.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Name of owner/custodian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature

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