



## Owner Surrender of Cat

### Owner Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

### Animal Information:

Animal's Name: \_\_\_\_\_ Animal ID # (office use): \_\_\_\_\_

Gender: \_\_\_\_\_ Altered? *YES NO* Animal Type: *CAT DOG OTHER*: \_\_\_\_\_

Species/ Breed: \_\_\_\_\_ Colors: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for surrender: \_\_\_\_\_ Returned adoption? *YES NO*

Length of Ownership: \_\_\_\_\_ Animal's Origin (i.e. shelter, friend, etc.): \_\_\_\_\_

**To the best of your knowledge, has this animal bitten anyone in the last 10 days? *YES\* NO***

\*Complete Bite Report if yes is marked.

### **PLEASE READ CAREFULLY AND CHECK BEFORE SIGNING**

1. I am 18 years or older and am the lawful owner, or duly authorized representative of the owner, of the above listed animal described. I have unrestricted authority to surrender the animal to the Cheyenne Animal Shelter (CAS). Thereby relinquish to CAS all rights of ownership that I may have in the animal. I understand that CAS has sole discretion over the length of time the animal will be held for adoption or euthanasia and that CAS does not guarantee the placement of any animal.
2. I authorize release of this pet's previous veterinary medical history from \_\_\_\_\_ to an authorized agent of the Cheyenne Animal Shelter.
3. CAS will NOT release any information about the animal or its final disposition.
4. To the best of my knowledge, the animal has not bitten anyone within the last 10 days immediately prior to the date of surrender, and all information given to CAS is true. I understand that CAS is under no obligation to return the animal to me after the animal is surrendered. If I would like the animal back after surrender, I must follow all CAS adoption procedures, and pay all adoption fees, which may include spaying or neutering costs.
5. I hereby release CAS, discharge, indemnify and hold harmless CAS and its employees from any and all claims, causes of action, and demands of any nature concerning the disposition of the animal.

### **Please Consider Carefully –**

**Animals surrendered to CAS will be held for adoption, transferred to another rescue/shelter organization, or euthanized. By signing this contract you understand that you are relinquishing all rights of this animal to the Cheyenne Animal Shelter. You will not be notified of the animal's outcome.**

**PLEASE CONSIDER MAKING A CONTRIBUTION TO CAS TO SUPPORT THE CARE OF THIS AND OTHER ANIMALS?**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Basic Information**

Why are you surrendering this cat?

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What would have to happen for you to keep this cat?

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Please describe your household:  Quiet  Active  Noisy

Number of humans in the household: \_\_\_\_\_

Does your cat like men? \_\_\_\_\_

Does your cat like women? \_\_\_\_\_

Does your cat like kids? \_\_\_\_\_

What other animals did the cat live with:  No other animals in household

Dogs # \_\_\_\_\_ Breed(s) \_\_\_\_\_

Cats # intact males \_\_\_\_\_ # neutered males \_\_\_\_\_ # intact females \_\_\_\_\_ #spayed females \_\_\_\_\_

Other Animals \_\_\_\_\_

How did the cat get along with the cats in household:

Friendly  Playful  Tolerant  Afraid  Ignores  Hisses  Growls  Swats  No cats in home

How did the cat get along with the dogs in your household:

Friendly  Playful  Tolerant  Afraid  Ignores  Hisses  Growls  Scratches  No dogs in home



**Litterbox History:**

Do you provide the cat with a litterbox:  Yes  No How many? \_\_\_\_\_ Do you use liners:  Yes  No

What type of litter box?  Uncovered  Covered  Automatic  Top Entry

How often is it scooped:  Daily  Weekly  Bi-weekly  Monthly

How often is it changed completely:  Daily  Weekly  Bi-weekly  Monthly

Where are the litterboxes located? \_\_\_\_\_

What type of litter do you provide:  Clay  Clumpable  Crystals  Corn/wheat  Other \_\_\_\_\_

**Does the cat have accidents in the house:**  Yes  No

\*\*If yes, fill out House Soiling Supplementary form

**Behavior History:**

How many hours a day is the cat: Indoors: \_\_\_\_\_ (hrs/day) Outdoors: \_\_\_\_\_ (hrs/day)

If outdoors, is the cat:  Allowed to Roam  Supervised  Harnessed  Screened Room/Porch

Has the cat ever scratched a person:  Yes, during play  Yes, in an unfriendly manner  No

Has the cat ever bitten a person:  Yes, during play  Yes, in an unfriendly manner  No

\*\* If yes, please fill out the Feline to Human Bite History form

Did the bite break skin:  Yes  No

If yes, please explain, including date bite occurred: \_\_\_\_\_

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Did the person seek medical attention?  Yes  No

What kind of medical attention was received?  Cleaned/bandaged  Sutures (how many? \_\_\_\_\_)  Surgery

Is the cat accustomed to:  Bathing  Brushing  Nail trimming  Teeth cleaning  Medicating

How does the cat behave in the car:  Cries  Vomits  Tries to escape  Urinate/Defecate  Does nothing

Does your cat like to be held?  Yes  No

Does your cat like to be petted?  Yes  No



Is your cat a lap cat?  Yes  No

Are there places your cat does NOT like to be touched?  Ears  Paws  Tail  Stomach  Other \_\_\_\_\_

If touched in the above place(s), how does your cat respond?

Does nothing  Moves away  Growls  Hisses  Swats  Scratches  Bites  Other \_\_\_\_\_

Is your cat frightened of anything?  Thunder  Loud Noises  Vacuum  Dogs  Cats

Men  Women  Children  Strangers  Other \_\_\_\_\_

Tell us about your cat's "bad habits":  Scratches furniture  Scratches rugs/carpet  Door Darts  Chews/digs in plants

Jumps on counters  Knocks things off shelves  Vocal  Hunts  Other \_\_\_\_\_

Is your cat allowed on:  Furniture  Bed  Tables/shelves  Counters

Does your cat have a scratching post?  Yes  No *If yes, what kind?*  Carpet  Rope  Cardboard  Other

Where is the scratching post located? \_\_\_\_\_

### **Health and Medical History:**

Did the cat see a veterinarian on a regular basis:  Yes  No

If yes, what is the veterinary clinic's name? \_\_\_\_\_ City: \_\_\_\_\_

How did the cat behave at the veterinarian:  Friendly  Tolerant  Afraid  Hisses  Swats  Bites

Does the cat have any past or present medical conditions:  Yes  No

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

Is the cat currently on any medications or special diets?  Yes  No

If yes, what are they?

\_\_\_\_\_

If currently taking medication, what date & time was the last dose administered?

\_\_\_\_\_

Is the cat current on annual vaccines?  Yes  No

What type of food does the cat eat:  Dry  Wet/Canned  Mix of both What brand(s)? \_\_\_\_\_



Does the cat get table scraps?  Yes  No

Does the cat get treats?  Yes  No

**Please feel free to tell us any additional helpful information that could help potential adopters get to know your cat:**

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Staff notes:

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For staff use only:

**Front Desk Staff Member Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Filled Out Form                      OR                      Reviewed Form**