



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? _____

What is your favorite characteristic about this cat? _____

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