



# Surrendered Cat Information

Animal Code #

_____	_____
_____	_____
_____	_____

It could cost more than \$100.00 to provide care for this animal.  
That care may include:

**Vaccinations**

**Medical Tests**

**Transportation**

**Food & Basic Care**

**Training**

**Veterinary Medical Care**

**Spaying or Neutering**

**Grooming**

**Evaluation & Assessment**

**Possible Euthanasia**

**The Placer SPCA is a private, non-profit organization.  
PLEASE CONSIDER A TAX-DEDUCTIBLE DONATION  
and help us give this animal the best possible chance.**

I can donate:

- \$100.00 to provide for the care of my pet and others.
- \$ 75.00 to provide for the care of my pet.
- \$ 50.00 to provide for the partial care of my pet.
- \$ 25.00 to provide for the partial care of my pet.

As owner, or custodian, of the animal described herein, I hereby transfer all right and title of said animal to the Placer SPCA. I further understand and agree that it may be transported to an unaffiliated Shelter Facility at said SPCA's discretion due to health, space, or jurisdictional issues, and/or humanely euthanized if deemed necessary. If I have indicated I would like to know either during or upon completion of the required hold period, this animal is deemed unadoptable, the Placer SPCA will reasonably attempt to notify me. I understand it is ultimately my responsibility to check on the status of this animal during the legally required holding period. It is expressly agreed that neither said SPCA, nor its said Shelter, including Employees of each, shall incur any obligation to provide me an account of the disposition of said animal nor can the Placer SPCA guarantee to hold an animal for redemption beyond the legally required holding period.

**To the best of my knowledge and belief this animal has not bitten any person during the fifteen-(15) days preceding this date, unless otherwise noted hereon.**

OWNER  CUSTODIAN

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

**Release Information: (Please print)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

CDL # \_\_\_\_\_ Zip \_\_\_\_\_

## Surrendered Cat Information

Animal Code: \_\_\_\_\_ Pet Name: \_\_\_\_\_ Spayed/Neutered ? Y N

**€ I want to be notified if the Placer SPCA is unable to place this animal for adoption.**

(There is a \$25 non-refundable fee for this service)

I understand that I **must respond or redeem** within 24 hours of this notice and will only be called at the numbers I provide on the **Animal Receipt**. (Please Initial) \_\_\_\_\_

### Please Check The Behaviors That Might Apply To This Cat & Complete the following questionnaire:

€ Outgoing	€ Fearful	€ Independent	€ Drools on excitement
€ Chews on plants	€ Submissive	€ Gentle	€ Slow to adjust
€ Comes when called	€ Dominant	€ Relaxed	€ Sedate
€ Pushy	€ Enjoys catnip	€ Playful	€ Destructive
€ Anxious	€ Friendly	€ Talkative	€ Attacks/Bites people
€ Shy	€ Affectionate	€ Plays rough	€ Fights other cats
€ Cuddly	€ Confident	€ Dependent	€ Clingy
€ Lap Cat	€ Frisky	€ Kneads	€ Curious

Has this cat bitten or seriously scratched anyone (*broken skin*) in the last 15 days?  Yes  No

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

Does your cat have any special needs?  Yes  No

If yes, please describe: \_\_\_\_\_

How many people in your family? \_\_\_\_\_ Children's ages: \_\_\_\_\_

Why are you giving up this cat? \_\_\_\_\_

Why did you get this cat:

Companion for myself  Companion for another pet  Companion for another family member

Another family member got the cat  As a mouser  Unwanted Gift

Rescued from the street  Other: \_\_\_\_\_

Where did you get this cat? \_\_\_\_\_

How long ago? \_\_\_\_\_

History of previous ownership: \_\_\_\_\_

If you obtained this cat as a kitten, how was it raised?

Single Pet  With another kitten  With adult cat(s)  As a house cat  Inside only

With its mother and litter  As a barn or farm cat  Outside only  With children

Both inside and outside  With other pet(s): \_\_\_\_\_

**Housing Information** *Please check all that apply*

Where does this cat spend its time?

Inside Only       Outside only

Inside and outside:

When is this cat inside? \_\_\_\_\_

When is this cat outside? \_\_\_\_\_

Outbuilding (garage, barn, shed, etc.): \_\_\_\_\_

Semi-outdoors (screened cat room, fenced cat area, etc.): \_\_\_\_\_

Outside on a cat lead and / or harness

Supervised       Unsupervised

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

If this cat goes outside, how does it get out?

Cat door     Window     Persons lets it out     Other: \_\_\_\_\_

Is this cat restricted to / from any areas?       Yes     No

Please explain: \_\_\_\_\_

Where does this cat sleep at night?

Inside:    Where? \_\_\_\_\_    On what? \_\_\_\_\_    With whom? \_\_\_\_\_

Outside:    Where? \_\_\_\_\_    On what? \_\_\_\_\_    With whom? \_\_\_\_\_

Was this cat's housing arrangement successful?     Yes     No

Please explain: \_\_\_\_\_

**Feeding Information** *Please check all that apply*

What type of food does this cat eat?

Canned cat food      Brand: \_\_\_\_\_

Dry cat food      Brand: \_\_\_\_\_

Dry mixed with canned      Brand(s): \_\_\_\_\_

Special diet      Brand / type: \_\_\_\_\_

How often and how much is this cat fed?

Once daily      Amount: \_\_\_\_\_      Time fed: \_\_\_\_\_

Twice daily      Amount: \_\_\_\_\_      Time fed: \_\_\_\_\_

Free fed      Amount: \_\_\_\_\_      Time fed: \_\_\_\_\_

Does this cat have any favorite treats?     Yes       No

Please explain: \_\_\_\_\_

**Exercise and Play Information** *Please check all that apply*

Is this cat declawed?  No  Front Only  Front & Back  Tendonectomy

This cat uses a scratching post:  Not At All  Consistently  Occasionally

What type of surface does your cat prefer to scratch on?

Carpet  Upholstery  Cardboard  Sisal Fiber  Wood  Other: \_\_\_\_\_

When scratching, does the cat prefer surfaces that are:

Horizontal / flat  Vertical / upright  Slanted / on an angle

Does this cat receive regular playtime with people?

Yes, daily play sessions  Yes, a few sessions per week  No regular playtime

What types of items does this cat play with?

Toy mice  String  Feathers  Balls  Live prey (bugs, birds, mice, etc.)

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

Does this cat play “ambush” games?  Yes  No

Please explain: \_\_\_\_\_

Is this cat’s play style:

Gentle as a lamb  Middle of the road  Rough n’ tumble  Not interested in play

Is this cat’s activity level:  Low energy  Middle of the road  Extremely active

Is this cat most active:  Daytime  Night time  Both

Does this cat give “love bites”?  Yes  No

Are theses bites:  Soft  Medium  Hard

Have these “love bites” ever broken skin?  Yes  No

If yes, how often do these bites break the skin and how long ago was the last incident?

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

**Behavioral Information** *Please check all that apply*

Does this cat display any of the following “don’t pet me right now” behaviors?

Swishes tail  Twitches ears  Flattens ears  Ripples back  Narrows eyes

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

Does this cat have any areas it prefers not to be touched?

Back  Neck  Tail  Face  Feet  Abdomen  Ears  Other: \_\_\_\_\_

Does this cat display any predatory behaviors such as:

Fly / spider chasing  Bird watching  Stalking other household pets

Please explain: \_\_\_\_\_

Do you feel that this cat is territorial?  Yes  No

Please explain: \_\_\_\_\_

Do you discipline this cat?  Yes  No

If you have disciplined this cat, what method(s) did you use?

Verbal correction  Physical correction  Squirt bottle/water gun  Timeout inside

Ignore the behavior  Put it outside  Throw something at the cat

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

What do you discipline this cat for?

Litter box accidents  Eating plants  Getting on counters/tables

Scratching / biting people  Bothering other pets  Scratching furniture

Night time activity  Other: \_\_\_\_\_

What makes this cat nervous or causes it to behave in a different manner than usual?

Men  Women  Children  Strangers

Cat carriers  Going to the vet  Going to the car  Loud noises

Nail Clipping  Brushing  Bathing  Other cats

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

This cat has been in the company of:  Adults & Small Children  Adults & Older Children  
 Adults Only  Not interested in people  
 Dogs  Cats  Other\_\_\_\_\_

How does this cat behave with:

Family		Visitors to the Home	
Adults	Children	Adults	Children
<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly
<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful
<input type="checkbox"/> Plays Gently	<input type="checkbox"/> Plays Gently	<input type="checkbox"/> Plays Gently	<input type="checkbox"/> Plays Gently
<input type="checkbox"/> Plays rough	<input type="checkbox"/> Plays rough	<input type="checkbox"/> Plays rough	<input type="checkbox"/> Plays rough
<input type="checkbox"/> Cuddly	<input type="checkbox"/> Cuddly	<input type="checkbox"/> Cuddly	<input type="checkbox"/> Cuddly
<input type="checkbox"/> Vocal	<input type="checkbox"/> Vocal	<input type="checkbox"/> Vocal	<input type="checkbox"/> Vocal
<input type="checkbox"/> Destructive	<input type="checkbox"/> Destructive	<input type="checkbox"/> Destructive	<input type="checkbox"/> Destructive
<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy
<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive

Does this cat have a preference for:  Men  Women  Children  Animals:\_\_\_\_\_

Please list any additional information on the daily routines for feeding, playing, etc.:

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What do you enjoy the *most* about this cat?

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What do you enjoy the *least* about this cat?

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Please describe the ideal home you would like for this cat:

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Please add any additional information that you feel would be helpful for us or a new owner to know about this cat (this will help us make the best possible match with a new home):

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This cat is overprotective of:  Family       Its food/toys       Own property

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does this cat have a tendency to snap or bite?  Yes       No

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

Does your cat have any likes or dislikes that a new owner would want to know about?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about this cat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Litter Box Information**

Number of cats in the home: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_

Number of litter boxes in the home: \_\_\_\_\_

For kittens, was the litter box shared with cats other than the mother and littermates?  Yes  No

Type(s) of litter box:

- Uncovered       Covered       Electronic self-scooping litter box  
 Rolling litter box       Baby pool       Other: \_\_\_\_\_

Type(s) of litter used:

- Clay, non-clumping      Brand: \_\_\_\_\_       Scented       Unscented  
 Clumping/scoopable      Brand: \_\_\_\_\_       Scented       Unscented  
 Crystals/pearls      Brand: \_\_\_\_\_  
 Sand       Shredded newspaper       Other: \_\_\_\_\_

Depth of the litter:

- 1 – 2 Inches       2 – 3 inches       3 – 4 inches       Greater than 4 inches

Do you use liners in the litter box(es)?       Yes       No

What type of liners do you use? \_\_\_\_\_

How old are the litter boxes? \_\_\_\_\_

How often do you **scoop** out the litter boxes?

- Daily       A few times per week       Once a week  
 Every couple of weeks       When I can't stand the smell       When cat stops using it

How often do you dump the litter box (empty and replace the litter):

- Daily       A few times per week       Once a week  
 Every couple of weeks       Once a month       Every couple of months  
 When cat stops using it       I just add fresh litter as needed

What product(s) do you use when cleaning the litter box (Pine Sol, Bleach, Simple Green, etc.)?

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Where in the room(s) are the litter boxes located?

- Near a wall       In a corner       Under furniture  
 Out in the open       Behind furniture       In a closet  
 Other: \_\_\_\_\_

Are any of the following items near the litter box?

- Cat's food       Scratching post       Cat's bed       Other favored sleeping spot

Are any of the following scented items near the litter box(es)?

- Soap       Detergent       Deoderizers  
 Candles       Potpurri       Other: \_\_\_\_\_

How does this cat behave when using the litter box?

- Scratches in the box before/after eliminating
- Scratches surrounding area before/after eliminating
- Covers urine  Covers feces
- "Misses" the litter box  Hangs over the edge
- Shakes feet when done  Runs away from the box when done
- Vocalizes (explain): \_\_\_\_\_
- Other behaviors: \_\_\_\_\_

Has this cat ever had an accident outside the litter box?  Yes  No

If yes, when was this? \_\_\_\_\_

If yes, where was the accident?

- Next to the box  On carpet or area rug  On clothes/towels/bedding
- In a bathtub or shower  On furniture  Spraying on vertical surface
- On tile/wood/concrete  Near door or window  Other: \_\_\_\_\_

Were these accidents:  Urine  Feces  Both

How frequent were these accidents?

- Daily  A few times per week  Every couple weeks
- About once per month  Every couple of months  A few times per year
- Once a year  Other: \_\_\_\_\_

Was the problem resolved?

- Yes, no more incidents  Only occasional relapses  No, ongoing problem

When was the most recent accident?

- Within the past 3 days  Within the past week  Within the past month
- More than 1 month ago  2 – 3 months ago  Over 3 months ago

What type of elimination occurs outside the litter box?  Urination  Defecation  Both

Has a cat seen a veterinarian for this problem?  Yes  No

If yes, what was the result? \_\_\_\_\_

Did the cat show any of the following signs of illness?

- Frequent urination  Small amounts of urine  Blood in urine
- Goes in front of owner  Meows when goes  Blood in stool
- Diarrhea  Constipation  Hard stools
- Other: \_\_\_\_\_

## Texture of soiled Surfaces

Soft surfaces:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Carpet        | <input type="checkbox"/> Clothing              | <input type="checkbox"/> People's bedding |
| <input type="checkbox"/> Cat's bedding | <input type="checkbox"/> Upholstered furniture | <input type="checkbox"/> Other: _____     |

Smooth surfaces:

- |   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tile             | <input type="checkbox"/> Linoleum     | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Wood             | <input type="checkbox"/> Paper        | <input type="checkbox"/> Plastic  |
| <input type="checkbox"/> Bathtub / shower | <input type="checkbox"/> Other: _____ |                                   |

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

## Locations of commonly soiled surfaces

Where in the home do accidents occur:

- |                                       |                                       |                                   |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> First floor  | <input type="checkbox"/> Second floor | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Other: _____ |                                       |                                   |

In which room(s) do accidents occur:

- |  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bedroom           | <input type="checkbox"/> Living room  | <input type="checkbox"/> Kitchen  |
| <input type="checkbox"/> Family room / den | <input type="checkbox"/> Home office  | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Laundry room      | <input type="checkbox"/> Other: _____ |                                   |

Where in the room(s) do the accidents occur:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Near a wall     | <input type="checkbox"/> In a corner      | <input type="checkbox"/> Under furniture |
| <input type="checkbox"/> Out in the open | <input type="checkbox"/> Behind furniture | <input type="checkbox"/> In a closet     |
| <input type="checkbox"/> On furniture    | <input type="checkbox"/> On walls         | <input type="checkbox"/> Other: _____    |

Are the accidents:

- |   |  |
|---|--|
| <input type="checkbox"/> Next to litter box                   | <input type="checkbox"/> Same room as litter box     |
| <input type="checkbox"/> Same floor of the home as litter box | <input type="checkbox"/> Different floor of the home |
| <input type="checkbox"/> Other: _____                         |  |

Are the accidents near a door or window that has a view of outdoor animals?  Yes  No

Is there anything else we should know about this cat's litter box preferences or habits?

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**Veterinary Information** *Please check all that apply*

Name of this cat's veterinarian or clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Has this cat had routine veterinary care?     Yes     No

If neutered or spayed, at what age? \_\_\_\_\_ Where / by whom? \_\_\_\_\_

If female and not spayed, has she had any litters?     Yes     No

How many? \_\_\_\_\_

Has this cat had any major health problems?     Yes     No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medications has this cat received or is currently receiving?

Medication	Date	Illness	Vet / Clinic Name
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any surgeries or illnesses requiring hospitalization:

Illness / Procedure	Date	Vet / Clinic Name
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this cat had any medical problems in the following areas?

- |   |                                    |                                     |  |
|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Birth defects  | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Diarrhea   | <input type="checkbox"/> Vomiting      |
| <input type="checkbox"/> Worms in stool | <input type="checkbox"/> Sneezing  | <input type="checkbox"/> Runny eyes | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Weight loss    | <input type="checkbox"/> Coughing  | <input type="checkbox"/> Allergies  | <input type="checkbox"/> Urinary       |

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

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**IF YOU HAVE ANY OTHER ANIMALS IN YOUR HOME, PLEASE COMPLETE THE FOLLOWING *FOR EACH PET***

**Pet #1:**

Dog                                       Cat                                       Other:\_\_\_\_\_

Age:\_\_\_\_\_ Sex:\_\_\_\_\_ Spayed/neutered?\_\_\_\_\_

How long did this pet live with the incoming pet?\_\_\_\_\_

How did this pet get along with the incoming pet?

- Friendly, no fighting     Indifferent, ignored each other  
 Did not get along, avoided each other     Did not get along, fought with one another  
 Incoming pet picked on Pet #1     Pet #1 picked on incoming pet

Any additional information:\_\_\_\_\_

**Pet #2:**

Dog                                       Cat                                       Other:\_\_\_\_\_

Age:\_\_\_\_\_ Sex:\_\_\_\_\_ Spayed/neutered?\_\_\_\_\_

How long did this pet live with the incoming pet?\_\_\_\_\_

How did this pet get along with the incoming pet?

- Friendly, no fighting     Indifferent, ignored each other  
 Did not get along, avoided each other     Did not get along, fought with one another  
 Incoming pet picked on Pet #2     Pet #2 picked on incoming pet

Any additional information:\_\_\_\_\_

**Pet #3:**

Dog                                       Cat                                       Other:\_\_\_\_\_

Age:\_\_\_\_\_ Sex:\_\_\_\_\_ Spayed/neutered?\_\_\_\_\_

How long did this pet live with the incoming pet?\_\_\_\_\_

How did this pet get along with the incoming pet?

- Friendly, no fighting     Indifferent, ignored each other  
 Did not get along, avoided each other     Did not get along, fought with one another  
 Incoming pet picked on Pet #3     Pet #3 picked on incoming pet

Any additional information:\_\_\_\_\_