

# Cat Release

(for PAWS use only) PetWhere # \_\_\_\_\_ Date \_\_\_\_\_

## Description

Cat's name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

How long have you owned the cat? \_\_\_\_\_ Where did the cat originally come from? \_\_\_\_\_

What was the cat's role in your family? \_\_\_\_\_ Is the cat declawed?  Yes  No

Why are you surrendering your cat to PAWS? \_\_\_\_\_

## General Behavior

Check the terms that best describe your cat:  Active  Talkative  Friendly  
 Submissive  Shy  Affectionate  Independent  Dominant  Aggressive

Is the cat afraid of anything?  Yes  No If yes, specify \_\_\_\_\_

Is the cat litterbox trained?  Yes  No

Does the cat sometimes not use the litterbox?  Yes  No If yes, please answer the following questions marked with this symbol: ■

■ Does the cat sometimes urinate inappropriately (pee)?  Yes  No

■ If yes, does the cat urinate:  Horizontally (on floors, flat surfaces)  Vertically (on walls, side of furniture)  Both

■ Does the cat sometimes defecate inappropriately (poop)?  Yes  No

■ If yes, how long has this been going on? \_\_\_\_\_

■ How often does the cat eliminate inappropriately? \_\_\_\_\_

■ Where or on what is the cat eliminating? \_\_\_\_\_

■ Is the cat neutered?  Yes  No Has the cat been checked by a vet recently?  Yes  No

■ Have you changed the litter type?  Yes  No Have you moved the location of the litter box?  Yes  No

■ Has there been an addition to your family (dog, cat, child)?  Yes  No

■ Has there been a major change in your family (move, marriage, new roommate, death)?  Yes  No

Is the cat ever destructive?  Yes  No If yes, specifically when and to what? \_\_\_\_\_

Does the cat ever behave aggressively when touched on certain parts of the body?  Yes  No If yes, specifically when and to what? \_\_\_\_\_

How does the cat respond to being brushed, bathed and having toenails trimmed?  Enjoys  Tolerates  Dislikes

Has the cat ever bitten anyone?  Yes  No If yes, when did the bite(s) occur? \_\_\_\_\_

Did it break the skin?  Yes  No How many times has the cat bitten? \_\_\_\_\_

What were the circumstances? \_\_\_\_\_

How many hours per day is the cat: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Access to cat door?  Yes  No

How many hours per day is the cat without humans? \_\_\_\_\_

Does the cat have a scratching post?  Yes  No If yes, what kind of post?  Carpet  Rope  Wood

Does the cat use it?  Yes  No

Where does the cat sleep?  Indoors  Outdoors

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**Behavior with Others**

Has the cat lived with children?  Yes  No If yes, how recently? \_\_\_\_\_ What ages are the children? \_\_\_\_\_

How did the cat respond to the children?  Plays with  Tolerates  Hides from  Fights with

Did the children play with the cat?  Fetch  String toys  Wrestling with hands  Other \_\_\_\_\_

Did the children help take care of the cat?  Fed the cat  Slept with the cat

Has the cat lived with other cats?  Yes  No If yes, specify the following:

Male  Female Age \_\_\_\_\_

Male  Female Age \_\_\_\_\_

Male  Female Age \_\_\_\_\_

What was the cat's response to the other cat(s)?  Plays with  Tolerates  Hides from  Fights with

Has the cat lived with dogs?  Yes  No If yes, specify the following:

Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

What was the cat's response to the dog(s)?  Plays with  Tolerates  Hides from  Fights with

Has the cat lived with any animals other than dogs or cats?  Yes  No If yes, specify: \_\_\_\_\_

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**Miscellaneous**

Does the cat have any chronic medical problems?  Yes  No If yes, specify: \_\_\_\_\_

Is the cat ill, injured, or on any special diet or medications? \_\_\_\_\_

Where did the cat go for veterinary care? \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Animal guardian's ("owner's") comments: \_\_\_\_\_

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**Staff Only**

Staff initials and comments: \_\_\_\_\_

Appt time/date \_\_\_\_\_ Rehoming fee \$ \_\_\_\_\_ Supervisor's initials \_\_\_\_\_

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**Guardian Information**

Name \_\_\_\_\_

Phonenumber(s) \_\_\_\_\_

E-mail \_\_\_\_\_