



## Form

### Cat Owner Relinquishment Questionnaire

We understand that surrendering your beloved pet can be a difficult decision, and we appreciate your willingness to trust SoHumane with their care. To ensure that we are able to provide the best possible care for all animals in our shelter, we have implemented an application process for pet surrenders. To start the process, please email your application to [intake@sohumane.org](mailto:intake@sohumane.org). All applications will be automatically placed on our waitlist in the order they are received. Please note that due to a high volume of requests for pets to be surrendered to SoHumane, we are unable to take calls to notify you that you have been added to the waitlist. However, we assure you that we will contact you as soon as a spot becomes available for your pet. Our Intake staff will then discuss the appointment process with you at that time. Thank you for your understanding and for considering SoHumane as a safe haven for your pet.

#### Name

First Name      Last Name

#### Phone Number

Please enter a valid phone number.

#### Email

example@example.com

#### Cat's Name

#### How old is your cat?

**My cat is...**

- Not fixed Male
- Fixed Male
- Not fixed Female
- Fixed Female

**Why are you rehoming your cat? Please provide as much detail as possible.**

**Where did you acquire this cat?**

**How long have you owned your cat?**

**Including your, how many homes has this cat had?**

**If SoHumane could provide resources to help resolve the issue, would you be interested in keeping the cat?**

- Yes
- No

**Medical Information**

Medical information will help SoHumane provide the best care possible for your pet.

**How often did your cat see a Veterinarian**

**Who is your current Veterinarian, if applicable?**

**How does your cat react to going to the vet?**

**Does your cat have any medical problems? If yes, please indicated medical needs of your pet.**

**Does your cat have any allergies or sensitivities?**

**Is your cat up-to-date on vaccinations?**

**Is your cat microchipped?**

**Has your cat had any surgeries?**

**Are there any places on your cat's body that he/she does not like being touched/brushed/petted?**

**Please describe your cat's current lifestyle? (i.e primarily lives outdoors)**

**Is your cat litterbox trained**

**Is your cat destructive in the home? If yes, please explain**

**What animal(s) has your cat lived with?**

**Would you recommend your cat to continue living with other animals? Please explain why or why not.**

**What are your cat's eating habits? (Feeding times and type of food they like to eat)**

**What litter is your cat used to? Check all that apply?**

- Unscented
- Scented
- Pellet
- Clumping
- Non-clumping
- Crystal
- Clay

**Does your cat get any form of exercise? (i.e exercise wheel, outdoor time**

**What sort of people or things frighten this cat? Check all that apply**

- Babies/Toddlers
- Men
- Women
- Teenagers
- Thunder/Lighting
- Erratic or Sudden Movement
- School-Aged Children
- Strangers/Visitors
- Water
- People in Uniform
- Fireworks/Loud Noise
- Vaccums
- Brooms
- Loud Voices/Yelling
- Riding in the car
- Veterinarian/groomer

**Would you recommend this cat to live with children?**

**Has your cat bitten anyone or any animal in the last 10 days?**

**If yes, please explain the circumstances of the bite.**

**Please feel free to include pictures of your pet**

**Please submit any medical paperwork here:**