



SoHumane

Cat Owner Relinquishment Questionnaire

All Owner Relinquished and returned animals are required to have this questionnaire completed and given to SoHumane before being considered for an intake appointment or waitlist if space is currently unavailable. Walk-in returns are subject to intake staff availability. Questionnaires can be emailed at: intake@sohumane.org

Owner Name: _____ Phone Number: _____

Cat's Name: _____ Cat's Age: _____

My Cat is a: Unaltered Male Neutered Male Unaltered Female Spayed Female

Surrendering Information

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

Where did you acquire this cat? *County regulations restrict SoHumane from taking any lost/stray/abandoned animals. Please contact your County Animal Control for more information.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Shelter/Agency | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Stray/Found Abandoned |
| <input type="checkbox"/> SoHumane | | |
| <input type="checkbox"/> Store/Breeder | <input type="checkbox"/> Born in Home | <input type="checkbox"/> Other: _____ |

How long have you owned your cat?

Including yours, 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 | Not Sure

Medical Information

How often did your cat see a Veterinarian?

Multiple times a year | Once a year | As needed | Never

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 so, what?

Is your cat up to date on vaccinations?

Yes | No | Not Sure

Does your cat have any allergies or sensitivities?

Yes | No

Does your cat have a microchip?

Yes | No | Not Sure

Is your cat declawed?

Yes | No

Cat's Personality

What would you like a new owner to know about this cat?

How would you describe your cat most of the time? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Shy to Family | <input type="checkbox"/> Shy to Visitors |
| <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Talkative | <input type="checkbox"/> Food Motivated |
| <input type="checkbox"/> Friendly to Visitors | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Aloof |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Independent | <input type="checkbox"/> Nervous/Anxious |
| <input type="checkbox"/> Grumpy | <input type="checkbox"/> Uses mouth/claws in play | <input type="checkbox"/> Feisty |

Are there places on the cat's body he/she does not like being touched, brushed, or petted?

- Yes | No

Please tell us about the desirable tricks and habits you have taught your cat to do. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Come When Called | <input type="checkbox"/> Greet Visitors Politely | <input type="checkbox"/> Get Off Furniture When Asked |
| <input type="checkbox"/> Play Fetch | <input type="checkbox"/> Shake or Similar Cute Trick | |
| <input type="checkbox"/> Wears harness and leash | <input type="checkbox"/> Take Treats Gently | |
| <input type="checkbox"/> Ride Nicely in Car | <input type="checkbox"/> Litterbox Trained | |

STAFF NOTES

Home Life and Other Animals

Where was the cat when no human members of your family were at home?

- | | | |
|--|--|---|
| <input type="checkbox"/> Free run of the house | <input type="checkbox"/> Outside | <input type="checkbox"/> Confined Room of the House |
| <input type="checkbox"/> Crated | <input type="checkbox"/> In Garage or Basement | |

What areas did the cat have access to when you were at home?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Indoors Only | <input type="checkbox"/> Outdoors Only | <input type="checkbox"/> In/Out Access |
|---------------------------------------|--|--|

Can this cat be left alone in the house for 8 hours a day without issues?

- Yes | No

What litterbox habits does the cat have?

- | | | |
|--|---|--|
| <input type="checkbox"/> No Accidents | <input type="checkbox"/> Urinates Inside Home Daily | <input type="checkbox"/> Defecates Inside Home Daily |
| <input type="checkbox"/> Urinates Inside Home Occasionally | <input type="checkbox"/> Defecates Inside Home Occasionally | |

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

- | | | |
|------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Unscented | <input type="checkbox"/> Clumping | <input type="checkbox"/> Crystal |
| <input type="checkbox"/> Scented | <input type="checkbox"/> Non-clumping | <input type="checkbox"/> Clay |
| <input type="checkbox"/> Pellet | <input type="checkbox"/> Other: _____ | |

Is the cat destructive in the home?

Yes | No

Does the cat get any form of exercise? (For example, wand toys, outdoor play time, exercise wheels)

Yes | No

What animals has your cat lived with? Check all that apply.

- Dogs Cats
 Small Animals Birds

Would you recommend placing this cat in a home with other cats?

Yes | No If no, Why? _____

Would you recommend placing this cat in a home with dogs?

Yes | No If no, Why? _____

What are your cat's eating habits? (For example, feeding times and what they like to eat)

STAFF NOTES

Behavior and Socialization

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Babies/Toddlers | <input type="checkbox"/> School-Aged Children | <input type="checkbox"/> Unpredictable Children |
| <input type="checkbox"/> Men | <input type="checkbox"/> Strangers/Visitors | <input type="checkbox"/> Vacuums |
| <input type="checkbox"/> Women | <input type="checkbox"/> Water | <input type="checkbox"/> Brooms |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> People in Uniform | <input type="checkbox"/> Loud Voices/Yelling |
| <input type="checkbox"/> Thunder/Lightning | <input type="checkbox"/> Cars on the Road | <input type="checkbox"/> Riding in the Car |
| <input type="checkbox"/> Erratic or Sudden Movement | <input type="checkbox"/> Fireworks/Loud Noises | <input type="checkbox"/> Veterinarian/Groomer |

Would you recommend this cat to live with children?

Yes | No | Not Sure If no, why? _____

Has this cat done any of the following with family members? Check all that apply.

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hissed | <input type="checkbox"/> Swatted | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this cat done any of the following with strangers? Check all that apply.

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hissed | <input type="checkbox"/> Swatted | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this cat done any of the following with a vet or groomer? Check all that apply.

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hissed | <input type="checkbox"/> Swatted | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this cat done any of the following with dogs? Check all that apply.

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Hissed | <input type="checkbox"/> Swatted | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never Been Around Dogs |

Has this cat done any of the following with cats? Check all that apply.

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Hissed | <input type="checkbox"/> Swatted | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never Been Around Cats |

Has this cat bitten anyone or any animal in the last ten days?

- Yes | No

Has this cat ever bitten anyone or another animal and drawn blood?

- Yes | No

STAFF NOTES
