



Cat Owner Relinquishment Questionnaire

Questionnaires can be emailed at: intake@sohumane.org

Owner Name: _____ Phone Number: _____ Date: _____

Cat's Name: _____ Appearance: _____ 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"/> Born in Home | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Store/Breeder | | |

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? Any surgeries? (Excluding, spay and neuter surgeries)

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

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

Yes | No If yes, please explain:

Home Life and Other Animals

Is the cat destructive in the home?

Yes | No If yes, please explain: _____

Please describe your cat's current lifestyle. (For example, is he/she live in room in the house or primarily lives outdoors)

Is your cat litter box trained?

Yes | No If no, please explain: _____

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: _____ | |

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

Yes | No

What kind of animals has your cat lived with? Would you recommend your cat to continue living with those animals? Please explain why or why not.

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

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 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

Please explain: _____
