Cat Surrender Form

Cat's Name: ___________________________ Age: ___________ Impound #: ___________

Breed: ___________________________ Color/markings: ___________________________

Male _________ Female _________ Are they spayed/neutered? YES NO

Is your cat declawed? YES NO If Yes: Front Only OR All Four

Veterinarian:________________________
Last time your cat was seen by a vet? ___________________________
What name are the records listed under, if not yours? ___________________________
Does your cat have any health issues? ___________________________
Is your cat on a special diet? ___________________________

**Why are you surrendering this cat?** ___________________________

How long have you owned this cat? ___________________________
Where did you obtain this cat? ___________________________

Does your cat stay: Indoors Outdoors Both When are they fed? ___________________________
What type of food does your cat eat? Wet Dry Brand: ___________________________
Is your cat litter trained? YES NO Do they have accidents? ___________________________
What type of cat litter do you use? Scoop-able Non-Scoop-able Brand: ___________________________
Does your cat scratch the furniture? YES NO Is a scratching post available? ___________________________
Does your cat have any aggression issues? ___________________________
Have they ever bitten or scratched? ___________________________
If yes, please describe: ___________________________

Has your cat lived with children? YES NO If yes, what ages? ___________________________
Is your cat good with children? YES NO Is your cat good with other animals? YES NO
What type of animals has your cat lived with? ___________________________

How would you describe your cat? (Please circle all that apply)

Shy Destructive Mellow Family Pet Active Loveable
Aggressive One Person Pet Playful Friendly Quiet Other: ___________________________

Do you think this cat is adoptable? ___________________________ If yes, to what type of home? ___________________________

Do you give OCAF permission to have your cat’s vet records faxed to our facility? YES NO

Signature: ___________________________ Date: ___________________________