

Ocean County Animal Facility

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: _____