



Owner Surrender Cat Profile

A#: _____

Date: _____

Cat's name: _____ Microchip #: _____

Sex: ☐ Male ☐ Female Spayed or neutered: ☐ Yes ☐ No

Age: _____ Breed(s): _____ Coloring: _____

Owner name: _____ Phone number: _____

Section 1: Surrender Information

Please provide complete, accurate information so we can support your cat and identify the most appropriate placement.

1.1 Why are you surrendering your cat?

1.2 How long has your cat lived with you?

1.3 Where did you get your cat?

- | | |
|--|---------------------------------------|
| ☐ Shelter | ☐ Rescue |
| ☐ Media advertisement | ☐ Friend |
| ☐ Family | ☐ Stray |
| ☐ Found | ☐ Breeder |
| ☐ Pet store | ☐ Born at home |
| ☐ Other: _____ | |

1.4 Have you contacted the rescue or breeder about returning the cat?

- ☐ Yes, but they are unable
☐ Attempted, but received no response
☐ No
☐ Not applicable

1.5 Have you tried to rehome your cat on your own?

- ☐ Yes ☐ No

1.6 Is temporary housing an option (short-term placement with a friend or family member)?

☐ Yes

☐ No

Section 2: Living Situation

2.1 Where is the cat kept?

☐ Outdoors

☐ Indoors

☐ Confined to a room

☐ Cattery

☐ Patio

☐ Both indoors and outdoors

2.2 How many animals has your cat successfully lived with?

Write the number on each applicable line. Check the box if none.

____ Small dogs

____ Large dogs

____ Cats

____ Small mammals

____ Birds

____ Reptiles

____ Livestock

☐ Has not lived with other animals

2.3 Has your cat struggled to live with other animals?

☐ Yes

☐ No

If yes, describe:

2.4 Has your cat successfully lived with children? If so, what ages? (Check all that apply)

☐ 0-3 years

☐ 3-6 years

☐ 6-11 years

☐ 11-15 years

☐ 15 years and older

☐ Has not lived with children

Section 3: Feeding and Water Preferences

3.1 What type of food does your cat like to eat?

☐ Dry food (kibble)

☐ Wet food (pâté)

☐ Combination wet and dry

☐ Raw diet

☐ Other: _____

3.2 What type of treats does your cat like? (Check all that apply)

☐ Crunchy treats

☐ Soft treats

☐ Squeezable treats

☐ Other: _____

3.3 How does your cat currently drink water?

- | | |
|--|---|
| ☐ Ceramic bowl | ☐ Stainless-steel bowl |
| ☐ Pet fountain | ☐ Wall-mounted bowl |
| ☐ Elevated bowl | ☐ Other: _____ |

Section 4: Litterbox and Substrate Preferences

4.1 What type of litterbox does your cat prefer?

- | | |
|--|--|
| ☐ Traditional rectangular box | ☐ Covered box |
| ☐ Self-cleaning box | ☐ Robotic box |
| ☐ Top-entry box | ☐ Low-entry box |

4.2 What type of litter does your cat prefer?

- | | |
|--|--|
| ☐ Clumping clay | ☐ Non-clumping clay |
| ☐ Silica gel crystals | ☐ Recycled paper |
| ☐ Pine | ☐ Wheat |
| ☐ Corn | ☐ Grass |
| ☐ Walnut shell | ☐ Other: _____ |

4.3 Is your cat litterbox trained?

- ☐ Yes ☐ No ☐ Somewhat

4.4 Does your cat eliminate outside the litterbox?

- ☐ Yes ☐ No

4.5 If yes, what have you tried to correct the issue?

Section 5: Toy and Scratching Preferences

5.1 Does your cat like to play?

- ☐ Yes ☐ No

5.2 Which toys does your cat prefer? (Check all that apply)

- | | |
|--|--|
| ☐ Feather toys | ☐ Balls |
| ☐ Mouse-like toys | ☐ Laser pointer |
| ☐ Tunnels | ☐ Wand toys |
| ☐ Interactive moving toys | ☐ Puzzle toys |
| ☐ Motion mats | ☐ Other: _____ |

5.3 Does your cat use a scratcher?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

5.4 What type of scratcher does your cat prefer?

- | | |
|------------------------------------|---------------------------------------|
| ☐ Cardboard | ☐ Carpet |
| ☐ Sisal | ☐ Rope |
| ☐ Wood | ☐ Tower |
| ☐ Cat tree | ☐ Other: _____ |

Section 6: Handling Preferences

6.1 Does your cat like to be petted?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

6.2 Where does your cat like to be petted? (Check all that apply)

- | | |
|---------------------------------------|---------------------------------------|
| ☐ Top of head | ☐ Side of face |
| ☐ Cheeks | ☐ Chest |
| ☐ Back | ☐ Rear |
| ☐ Tail | ☐ Belly |
| ☐ Other: _____ | |

6.3 Where does your cat not like to be petted? (Check all that apply)

- | | |
|---------------------------------------|---------------------------------------|
| ☐ Top of head | ☐ Side of face |
| ☐ Cheeks | ☐ Chest |
| ☐ Back | ☐ Rear |
| ☐ Tail | ☐ Belly |
| ☐ Legs | ☐ Feet |
| ☐ Other: _____ | |

6.4 Does your cat like to be picked up and held?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

6.5 Does your cat tolerate handling only for a limited amount of time?

☐ Yes

☐ No

6.6 If yes, how much time passes before the cat declines interaction?

6.7 How does your cat communicate that interaction should stop? (Check all that apply)

☐ Runs away

☐ Tries to run away

☐ Growls

☐ Hisses

☐ Swats

☐ Scratches

☐ Attempts to scratch

☐ Bites

☐ Attempts to bite

☐ Other: _____

Section 7: Behavior and Husbandry

7.1 Does your cat like to be brushed?

☐ Yes

☐ No

7.2 Does your cat tolerate nail trims?

☐ Yes

☐ No

7.3 Has your cat displayed destructive behavior?

☐ Yes

☐ No

7.4 If yes, what is the behavior and when does it occur?

7.5 Is your cat fearful of anything? (Check all that apply)

☐ Not fearful of anything

☐ Loud noises

☐ Unfamiliar people

☐ Sudden movements

☐ Unfamiliar animals

☐ Changes in environment

☐ Children

☐ Other: _____

7.6 How does your cat interact with the following?

Interaction with	Friendly behaviors	Plays with	Neutral	Runs from	Hides	Hisses at	Swats at	Bites or attempts
Men	☐	☐	☐	☐	☐	☐	☐	☐
Women	☐	☐	☐	☐	☐	☐	☐	☐
Children	☐	☐	☐	☐	☐	☐	☐	☐
Strangers	☐	☐	☐	☐	☐	☐	☐	☐
Dogs	☐	☐	☐	☐	☐	☐	☐	☐
Cats	☐	☐	☐	☐	☐	☐	☐	☐

7.7 Has your cat ever bitten anyone?

☐ Yes

☐ No

7.8 If yes, what were the circumstances of the bite?

Section 8: Medical History

8.1 Veterinarian or clinic name:

8.2 Date of last veterinary visit:

8.3 Has your cat required special medical care?

☐ Yes

☐ No

If yes, explain:

8.4 Has your cat been diagnosed with or treated for any of the following?

- | | |
|--|--|
| ☐ Allergies | ☐ Seizures |
| ☐ Urinary tract infection | ☐ Bladder stones |
| ☐ Diabetes | ☐ Cancer |
| ☐ Deafness | ☐ Blindness |
| ☐ Tumors | ☐ Thyroid disease |
| ☐ FIV | ☐ FeLV |
| ☐ Ringworm | ☐ Arthritis |
| ☐ FIP | ☐ Organ failure |
| ☐ Other: _____ | |

8.5 Is your cat taking long-term medication?

- ☐ Yes ☐ No

8.6 If yes, list the medication:

8.7 Is your cat declawed?

- ☐ Yes ☐ No
- If yes, which claws? ☐ Front claws ☐ Rear claws ☐ Both

8.8 Is your cat easily handled by veterinary staff?

- ☐ Yes ☐ No ☐ Unknown

Section 9: Background and Additional Information

9.1 Why did you initially get your cat?

- ☐ Barn cat
- ☐ Human companionship
- ☐ Companionship for another animal
- ☐ Other: _____

9.2 What do you love most about your cat?

I certify that the information provided is truthful and complete and authorize Halifax Humane Society to determine the appropriate disposition of this animal.

Owner signature: _____ Date: _____

Staff member completing admission: _____ Date: _____

Clarification Questions & Additional Notes

Cat's name: _____ A#: _____

Use the question reference number (for example, 6.7) to connect each note to the intake form.

Ref. #	Clarification question or follow-up	Staff initials	Owner initials

Clarification Questions & Additional Notes

Cat's name: _____ A#: _____

Use the question reference number (for example, 6.7) to connect each note to the intake form.

Ref. #	Clarification question or follow-up	Staff initials	Owner initials