

# CAT SURRENDER / INTAKE FORM

Today's date:

## CONTACT INFORMATION\*

*\*Information of individual(s) who is surrendering the cat. Must have current legal custody of the cat in order to surrender.*

First Name:  Last Name:

Address:

City:  Province:  Postal Code:

Cell Phone:  Alternate #:

Email:   Home  Work  Other Cell

Please indicate your preferred method of contact:  Cell #  Alternate #  Email

## PET INFORMATION

Name:  Breed:

Birth date:  Sex:  Male  Female

Approx age:   Neutered  Spayed  Intact

Approx weight:  Age at spay/neuter surgery:

1) Does the cat have a tattoo and/or microchip?  Tattoo  Microchip  None

If yes, please provide:  Tattoo #:   Microchip #:

2) Is the cat licensed?  Yes  No  City:   License #:

3) What is your cat's diet (type & frequency)?

4) Is this your first cat?  Yes  No

5) How long have you had this cat?

6) Where did you get this cat?

7) What was the main reason you got this cat?

8) Please tell us why you need to give up your cat:

## MEDICAL HISTORY

1) What is the cat's most recent vaccination history?

<input type="checkbox"/> FVRCP	Date Vaccinated: <input type="text"/>	<input type="checkbox"/> Not done/unknown
<input type="checkbox"/> FeLeuk / FeLV	Date Vaccinated: <input type="text"/>	<input type="checkbox"/> Not done/unknown
<input type="checkbox"/> Rabies	Date Vaccinated: <input type="text"/>	<input type="checkbox"/> Not done/unknown

2) Has the cat been tested for:

<input type="checkbox"/> FIV (Feline Immunodeficiency Virus)	Date: <input type="text"/>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unsure
<input type="checkbox"/> FeLV (Feline Leukemia Virus)	Date: <input type="text"/>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unsure

3) Has the cat been declawed?  Yes  No If yes, which feet:

How old was the cat at the time of declawing?

Please explain if there was any change in the cat's behaviour after declawing:

4) Does the cat have allergies?  Yes  No Allergic to:

5) When was the cat's last visit to the veterinarian?

6) Please tell us about any medical issues the cat might have now, or had in the past:

7) Please provide your veterinarian's information:

Clinic/Hospital Name: <input type="text"/>	
Veterinarian: <input type="text"/>	Phone #: <input type="text"/>

## HOUSEHOLD HISTORY

1) Please list all people, and their ages, who live in the household with the cat:

2) How long is the cat left alone each day?

3) When left alone at home, where does the cat stay?

4) Where does the cat sleep at night?

5) Has the cat been allowed/lived outside?

## INCIDENT HISTORY

1) Has a complaint ever been filed with animal services regarding this cat?  Yes  No

If yes, please provide the details:

2) How many people has this cat nipped, mouthed, bruised and/or scratched with teeth or claws?

Please explain what led up to this/these incidents:

3) Has this cat ever broken a person's skin with his/her teeth?  Yes  No

If yes, please explain the situation:

4) Has this cat ever injured another animal?  Yes  No

If yes, please describe what occurred:

5) How many fights has this cat had with other cats?

6) Has this cat injured another cat in a fight?  Yes  No

If yes, please describe the situation, the resulting injury/injuries and the treatment either cat received:

## BEHAVIOUR HISTORY

1) Is the cat litter box trained?  Yes  No

Were litter boxes provided inside the home?  Yes  No How many?

What type of litter does the cat use?

How often was the litter box cleaned?

2) Has the cat ever urinated or defecated outside the litter box?  Yes  No

If yes, please explain:

3) Has the cat ever "sprayed" or marked inside the home?  Yes  No

4) Were scratching posts provided inside the home?  Yes  No

5) Does the cat have problems scratching furniture?  Yes  No

If yes, please explain:

6) How do you maintain the cat's nail health?

7) Does your cat enjoy being brushed/groomed?  Yes  No

Please explain how you groom the cat and any particular likes/dislikes the cat has:

8) Does the cat have problems with excessive vocalization?  Yes  No

If yes, please explain:

9) How often do you play with/exercise the cat?

Please describe the cat's play style/preferences:

10) Does the cat have experience living/interacting with other cats?  Yes  No

If yes, please describe how the cat responds/reacts to other cats:

11) Does the cat have experience living/interacting with dogs?  Yes  No

If yes, please describe how the cat responds/reacts to dogs:

12) Does the cat have experience living/interacting with other animals?  Yes  No

If yes, please list the animals and how the cat responds/reacts to that animal:

13) Does the cat have any experience with children?  Yes  No Ages?

Describe the cat's behaviour when interacting with children:

14) How does the cat react when visitors come to your home?

15) Do visitors bring their dog(s) to your home?  Yes  No

If yes, how does the cat react?

16) When you/your household are eating, where is the cat?

17) Does the cat enjoy food?

18) What is the cat's favourite:

Food/Treat:

Toy:

Game/Activity:

19) When someone tries to take something away from the cat (i.e. food, toy) how does the cat respond?

20) Is the cat frightened by any noise?

21) Is the cat frightened/nervous around anything else?

22) What areas of the cat's body does s/he NOT like you to touch? Explain how you know.

23) How do you correct the cat when s/he does something wrong?

24) Which ANIMALS cause the cat to hiss, growl, swat, snap, cower or tremble?

25) Which PEOPLE cause the cat to hiss, growl, swat, snap, cower or tremble?

26) If you could change one thing about the cat's behaviour, what would it be?

27) Tell us your favourite thing about the cat:

28) What do you think the ideal home for the cat would look like?

29) If you were placing an ad to re-home the cat, what would it say about him/her?

30) How much longer can you keep the cat in your home?

*Thank you for completing this profile.*

*Submission does not guarantee the Bow Valley SPCA will accept your cat. Admissions are limited.*

*A representative from the Bow Valley SPCA will review your responses and will contact you by phone or email.*

## **OFFICE USE** TO BE SIGNED AT THE TIME OF SURRENDER/INTAKE.

**I, the undersigned, having care and/or control of the above-described animal (the "Cat") hereby surrender the Cat to the Bow Valley SPCA and do hereby release the Bow Valley SPCA, its Directors, employees, members and agents from any liability relating to the Cat. The undersigned understands that the Bow Valley SPCA will make reasonable efforts to facilitate the adoption of, or humanely euthanize, the Cat (based on health and temperament) at the sole discretion of the Bow Valley SPCA. The Bow Valley SPCA will not knowingly release the Cat for medical or veterinary experimentation.**

I certify that all statements above are true and correct.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*BVSPCA Centre Manager Signature*

\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Signed date*

## SURRENDER POLICY & REQUIREMENTS

Please read carefully the Bow Valley SPCA Surrender Policy and Requirements. Individuals wishing to surrender their pet(s) **must** agree for their application to be considered complete.

As the legal owner of the cat I am seeking to surrender, I understand and agree that:

- Completion of this Cat Surrender Request form is not an acceptance of my request for surrender, or an agreement by the Bow Valley SPCA to take my cat.
- Surrender is by scheduled appointment ONLY. The Bow Valley SPCA cannot and will not accept walk-in or day-of surrenders.
- I may be placed on a waitlist, due to the limited capacity at the Bow Valley SPCA.
- The Bow Valley SPCA has the right to refuse my request if they determine that my cat will not thrive in their Centre and/or is dangerous to staff and resident animals.
- I have pursued alternative options to surrendering my cat, and agree to discuss these with the Adoption Centre Manager as part of my application process.
- I have provided true and accurate information in this application, and have provided all medical records available for this cat.
- Once my cat has been surrendered, I agree I am signing over full ownership and will not have any right of decision making or contact with my cat.
- I will not be allowed to visit my cat after it has been surrendered to the Bow Valley SPCA. I understand this is for the mental and emotional well-being of my cat, as it can be very confusing for a cat to be surrendered and visited by their former owner.
- It is the decision of the Bow Valley SPCA and the future adopters of my cat, whether or not updates about my cat are provided to me.
- Repeated and continual surrender of animals will not be tolerated or accepted by the Bow Valley SPCA.
- As I have surrendered an animal to the Bow Valley SPCA, they have the right to refuse any future interest in, or application for, adoption of any cats or dogs at the Bow Valley SPCA at their discretion.

Initial:

Initial:

Initial:

Initial:

Initial:

Initial:

Initial:

Initial:

Initial:

Initial:

Initial:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signed date*

\_\_\_\_\_  
*Name (printed)*