

PLEASE ENCLOSE A COMPLETE COPY OF YOUR PETS MEDICAL RECORDS WITH THIS FORM

No one knows and loves your cat the way you do! In order to find the most appropriate home for your cat, please provide as much detail as possible. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

We ask for a complete copy of current medical records stating that the animal is current on all vaccinations. Surrendering donations help to offset the costs of veterinary care for rescued animals.

**If you are placing your animal up for adoption because of a behavior or medical problem,
YOU MUST DISCLOSE THIS PROBLEM TO US.**

General Information

Your Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

How did you hear about Savannah Rescue Program? _____

Cat's Name: _____ Cat's age or approximate age: _____

Cat's Sex: Male Female Is cat spayed/neutered? Yes No Unsure

Cat's Filial Generation (F1, F2, etc): _____

Cat's Breeder &or location (if known): _____

Have you contacted them? Yes No

If Yes, what did they respond: _____

Is the cat declawed? Front All Not declawed

History

Why are you surrendering your cat? _____

If surrender reason is behavioral, please explain: _____

How long have you owned your cat? _____

Including yours, how many homes has this cat had? _____

Medical History

Did the cat see a veterinarian at least once per year? Yes No Not sure

If so, which clinic? _____

Is the cat current on vaccinations? Yes No Not sure

Personality

How would you describe your cat most of the time? (*check all that apply*)

- | | | | |
|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Very active | <input type="checkbox"/> A clown | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Friendly to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Shy to family | <input type="checkbox"/> Talkative | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Quiet | <input type="checkbox"/> Lap cat | <input type="checkbox"/> Playful |
| <input type="checkbox"/> More like a dog | <input type="checkbox"/> Fearful | <input type="checkbox"/> Fearless | <input type="checkbox"/> Solitary |

- Claw furniture Urinate/spray on items Claw drapes Kill rodents or birds
 Use scratching post Chew plants Dig in plants Get on furniture
 Get on counters Get on the bed Go out doors

Has your cat bitten in the last ten (10) days? Yes No

Explanation of any behavioral issues: _____

Play Style

How does your cat like to play? (*check all that apply*)

- Plays gently, does not usually use teeth or claws Likes to play with dogs
 Likes to play rough, may bite or scratch Not interested in play
 Likes to chase & pounce with variety of toys Likes to play hide & seek
 Likes things that crackle, such as paper bags Chases bugs or moths
 Will fetch items like bottle caps or toys Likes to learn tricks for treat
 Likes to play in or around water Likes to play with other cats

Lifestyle & Home Life

What areas of your home did the cat have access to? (*check all that apply*)

- Indoors only Outdoors only Indoors at night Garage/basement
 In barn or shed Screened porch Indoors with access to outside Other

Where did your cat spend most of his or her time? (*check all that apply*)

- Bedroom Kitchen Living room Garage or basement
 At the window Outdoors only Barn or shed Where people are
 Whole house Other

If this cat has lived with other cats, how did they interact? (*check all that apply*)

- Adored each other Played together Sniffed noses Ignored each other
 Rough with others Groomed each other Slept near each other Fought with injuries
 Gentle with others Fought without injuries Peacefully coexisted

If this cat has lived with dogs, how did they interact? (*check all that apply*)

- Adored each other Played together Sniffed noses Groomed each other
 Slept near each other Ignored each other Cat feared dog Fought with injuries
 Caused this cat stress Dog chased cat Cat rubbed on dog Cat tormented dog
 Avoided each other Peacefully coexisted

Has the cat regularly been around children? Yes No Unsure

If yes, indicate what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

Have the experiences with the cat and child(ren) always been positive? Yes No

If no, please explain: _____

Is this cat more comfortable with: Women Men Kids Teenagers Seniors All people

Please tell us some things you truly love about this cat. _____

Are there any quirks or habits you are not fond of in your cat? _____

Dietary Habits

What is the cat's normal type(s) of food? _____

What type of treats does your cat enjoy? _____

How often is your cat fed? Food always available Designated mealtimes

Other details: _____

Litter box Habits

Is your cat litter boxed trained? Yes No

What type(s) of litter was used? Unscented Scented Clumping Non-Clumping Crystals

Clay Pine Yesterday's News Other

Any issues with this habit, and things you may have tried: _____

Please tell us any additional comments about your feline friend: _____
