

# Feline Questionnaire

Animal ID# \_\_\_\_\_



All pet owners are asked to complete this questionnaire at the time of surrender. This information can provide us with more background about the animal's history and behavior which is helpful in determining what is best for the cat or kitten. Please answer as many questions as possible, we appreciate your honesty!

Date: \_\_\_\_\_

1. Cat's name: \_\_\_\_\_ Age or approximate age: \_\_\_\_\_  
Sex: ☐ M ☐ Neutered ☐ F ☐ Spayed How long have you had this animal? \_\_\_\_\_
2. Reason for surrender: \_\_\_\_\_
3. Name of cat's vet clinic and city located: \_\_\_\_\_
4. Has this cat seen a veterinarian in the past 12 months? ☐ Yes ☐ No  
Reason for Visit: \_\_\_\_\_
5. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this cat?  
☐ No ☐ Yes, Please explain: \_\_\_\_\_
6. How did you get this cat? \_\_\_\_\_
7. Has the cat ever bitten a person? ☐ No ☐ Yes If yes, did it break the skin? ☐ Yes ☐ No
8. The cat's personality tends to be: (check all that apply) ☐ Friendly/Outgoing ☐ Playful  
☐ Timid/shy/nervous ☐ Calm ☐ Vocal ☐ Active ☐ Destructive ☐ Demanding ☐ Aggressive
9. Has the cat lived with: ☐ Men ☐ Women ☐ Children, ages: \_\_\_\_\_ ☐ Cats, how many? \_\_\_\_\_  
☐ Dogs, breed/size: \_\_\_\_\_ ☐ Other animals: \_\_\_\_\_
10. Are there any behavior issues this cat has with any of the above? ☐ Yes ☐ No  
Please describe: \_\_\_\_\_
11. Has your cat lived: ☐ Indoor only ☐ Indoor/Outdoor ☐ Outside only
12. Does your cat: ☐ Always use a litter box ☐ Always 'goes' outdoors ☐ Uses both a litter box and outdoors ☐ Inappropriately uses the litter box, urinates and/or defecates outside the box
13. What are your cat's favorite food, treats, or toys? \_\_\_\_\_
14. Has this animal traveled/lived outside the Pacific Northwest in the last 12 months? ☐ Yes ☐ No  
☐ Don't know If yes, where and for how long? \_\_\_\_\_

Please provide additional information about the background, behavior or medical history of this animal below.

## Additional Background Information

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### Additional Behavior Information

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### Additional Medical Information

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### SURRENDER STATEMENT

I certify that said animal: ☐ HAS ☐ HAS NOT bitten any animal or human within the last ten (10) days to my knowledge.

I certify that:

- ☐ I DO NOT OWN the animal(s) listed above, nor do I know the animal's owner.
- ☐ I AM THE OWNER, OR AGENT OF THE OWNER, of the animal(s) listed above, and that the animal is free and clear of all other interests. I authorize RASKC to obtain medical records from my veterinarian for the animal(s) listed above.

I hereby relinquish to RASKC all rights, title and interest in and to the animal(s). I request that the animal be disposed of as deemed advisable, at RASKC's discretion. I expressly agree that neither RASKC nor its officers or employees, will incur any obligation on account of their disposition of said animal(s).

I understand that RASKC makes no guarantee that any animal I surrender hereby will be put up for adoption or adopted. I understand that the animal(s) I surrender may be humanely euthanized, at RASKC's sole discretion.

I understand that if the animal(s) is made available for adoption and I am interested in adopting, standard adoption procedures and fees will apply. I understand that the animal(s) will be assessed for health and temperament and that RASKC cannot guarantee I will be able to adopt the animal(s).

Finder or Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

### EUTHANASIA REQUEST

Are you specifically requesting euthanasia for the animal(s) listed above? ☐ No ☐ Yes  
Reason: \_\_\_\_\_

EUTHANASIA REQUEST: I understand that, after my release of this animal and request for euthanasia, RASKC will examine the animal and make the final determination about euthanasia. In the event that RASKC determines that the animal should be treated instead of being euthanized, any euthanasia fees I have paid will be considered a donation and will not be refunded to me.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_