

Feline Questionnaire



**King County
Regional Animal Services**

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

Additional Behavior Information

Additional Medical Information

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: _____