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Surrender Cat Profile

Part I: Basic Information

Pet's Name: _____ Sex: _____ Spayed/Neutered? _____

Breed: _____

Where did you get your cat? _____

If s/he was acquired from a previous owner, s/he was rehomed to you because: _____

How long have you owned your cat? _____

Why are you surrendering your cat? _____

How long has this been an issue? _____

Does s/he have any past or present medical concerns? If yes, please list below:

Is s/he on any medication? If yes, please list: _____

When was the last time s/he was given a flea/tick Preventative: _____

What vet clinics has s/he been to: _____

Whose name would the records be under? _____

Part 2: Litterbox Habits

Is s/he litter trained? ____ Yes ____ Mostly ____ No

If mostly or no, please complete litterbox profile.

Is the litterbox: ____ Covered ____ Uncovered

Is s/he particular about litter, the box, or where its placed?

____ No ____ Yes, about what: _____

What type litter do you use? ____ Clay ____ Clumping ____ Paper ____ Other:

How many litterboxes do you have? _____

Where are the litterboxes located? _____

Part 3: General Behavior History

Please choose a maximum of three attributes that best describe your cat:

- | | | |
|------------------|-------------------|----------------|
| ____ Friendly | ____ Affectionate | ____ Stubborn |
| ____ Protective | ____ Aggressive | ____ Withdrawn |
| ____ Active | ____ Quiet | ____ Hyper |
| ____ Shy | ____ Playful | ____ Noisy |
| ____ Plays Rough | ____ Destructive | |

DHS Staff Only: Case Number: _____ Surrender Date: _____

How would you describe your cat? (Please select all that apply)

- Family Cat (with children)
- For Adults Only
- Lap Cat
- Independent
- Other, please explain: _____

Where does s/he sleep at night? _____

Does your cat have a preferred scratching surface/material? Yes No

If yes, describe: _____

Does your cat scratch on inappropriate surfaces/materials? Yes No

If yes, describe: _____

Your cat is? (select one of the following)

- Indoor Only
- Indoor/Outdoor
- Mostly/Strictly Outdoor

Part 4: Interactive Animal Behavior History

Does your cat live with or has lived with other cats? Yes No

Does your cat live with or has lived with dogs? Yes No

Does your cat lived with or interacted with children? Yes No If yes, what ages? _____

Part 5: Reactive/Aggression History

Check any of the following behaviors that your cat has ever exhibited:

- Hiss
- Lunge
- Swats (with & without injury)
- Freeze
- Growl
- Bite **without breaking skin**

Please explain the situation(s) in which the above behaviors occurred: _____

Has s/he ever bitten or attempted to bite? Yes No **- If no, please move to Part 6**

How many times has your cat bitten or attempted to bite? _____

Did the bite(s) break skin? Yes No

If yes, was the most recent bite within the last 10 days? Yes No

How many times have they broken skin? _____

Check the bite level of the **most serious bite**:

<input type="checkbox"/>	Level 1 – Teeth touch skin, but no visible damage
<input type="checkbox"/>	Level 2 – Teeth touch skin, minor surface abrasions possible, may have minor scratches from paws/nails
<input type="checkbox"/>	Level 3 – Teeth scrape skin and cause bleeding, no punctures
<input type="checkbox"/>	Level 4 – Punctures ½ length of a canine tooth or less, one to four holes, single bite. No tearing or slashes. Victim was not shaken side to side. Bruising.
<input type="checkbox"/>	Level 5 – One to four holes form a single bite, one hole deeper than ½ the length of canine tooth. Black bruising, tears and/or slashing wounds.

