

Cat's Name: _____ ID Number: _____ Sex: _____ Age: _____ Intake Date: _____

Adoption Return

Public Guardian Surrender

Guardian Name: _____

Address: _____

Phone Number: _____

Cat's Name: _____ How long have you had the cat? _____

Age _____ Male Female Neutered / Spayed

Breed: _____

Why are you giving up your cat?

- Moving Litterbox Biting/Scratching
- Allergies New Baby No Time

Not getting along with other pets (explain): _____

Not getting along with family members (explain): _____

Behavior Issues: _____

Other: _____

How did you obtain this cat?

- PAWS Atlanta Adoption Other Shelter/ Rescue: _____
- Newspaper/Internet Friend Breeder Found Stray Gift

How was your cat raised?

- With Children Quiet, adult home Single Cat With other cat(s)
- With dog(s) With cat(s) and dog(s)

Where is the cat kept at the home?

Where does the cat spend his/her time?

- Inside Only Outside Only Outbuilding (garage, shed)

Inside AND Outside

When is this cat inside? _____

When is this cat outside? _____

If this cat goes outside, how does it get out?

- Cat Door Window Person lets out

Other: _____

Does this cat have any favorite daytime perching spots?

If this cat is restricted to/from any areas?

Yes No

If yes, explain: _____

Where does the cat sleep?

Inside Where? _____ With Whom? _____

Outside Where? _____ With Whom? _____

When alone, has the arrangement above been successful?

Yes No

If yes, explain: _____

Feeding Information

What type of food does this cat eat and how often?

- Dry Kibble Only Canned Food Only Dry & Canned

Special Diet: _____

How often?

- Once Daily Twice Daily Free Fed Amount: _____

Does this cat have any favorite treats? _____

Exercise, Play and Behavior Information (please check all that apply)

Does your cat receive regular play time with people?

Yes No

What types of items does your cat play with?

- Cat Toys String Feathers

- Balls Bugs, birds, mice, etc.

Other: _____

Does your cat use a scratching post?

Yes No

What type of surface does your cat prefer to scratch on?

- Cat Tree Scratching Post Cardboard scratcher

- Carpet Upholstery Jumping on People

- Wood Drapes/Curtains Vertical/Upright surfaces

- Horizontal/flat surfaces

Other: _____

Is this cat's activity level:

- Low energy Medium energy Extremely active

Is this cat most active:

- Daytime Nighttime Both

Does your cat have any areas it doesn't like to be touched?

- Head Back Tail

What makes this cat nervous, or causes it to behave in a different manner than usual?

- Men Women Children Strangers

- Going to the vet Going in the car Cat Carriers Bathing

- Thunder Nail Clipping Other cats

Cat's Name: _____ ID Number: _____ Sex: _____ Age: _____ Intake Date: _____

Other animals: _____
 Other: _____

Does your cat have a preference for?

Men Women Children Other: _____

How would you characterize this cat overall? (select all that apply)

Calm Friendly Playful Curious
 Vocal Cuddly Clingy Outgoing
 Standoffish Shy Fearful Confident
 Dependent Independent Aggressive
 Other: _____

Litter Box Information – If applicable

Number of cats in your home? _____

Number of litterboxes in your home? _____

What size and type of litter box do you use?

Covered Uncovered Other: _____

Type of litter? (check all that apply)

Clay Pine Litter Pellet Crystals or pearls
 Scoop-able Scented Unscented
 Other: _____

The litter box is?

Scooped: Daily Weekly Monthly When it smells bad
Dumped: Daily Weekly Monthly When it smells bad
Cleaned: Daily Weekly Monthly When it smells bad

What do you use to clean the litter box (bleach, pine sol, detergent, exyme, etc.)?

Where is the litter box located? (check all that apply)

Main Floor Second Floor Basement Bedroom Laundry Room
 Kitchen In a closet Under furniture Bathroom Outside

Is your cat litter box trained? Yes No

If no, explain: _____

Has your cat ever had an accident outside the litter box?

Yes No Urine Feces Both

If yes, where was the accident?

Next to the box On carpet or rug On clothes/towels/ bedding
 On furniture in bathtub/ shower Spraying on vertical surface
 On tile/wood/concrete
 Other: _____

How often were these accidents?

Daily Few times / week Couple of times month
 Monthly Few times year
 Other: _____

Any recent changes in household or routine?

Moved New baby Work hours
 New pet Construction
 Other: _____

Has your cat seen a veterinarian for this problem? Yes No

Was the problem resolved?

Yes No - ongoing problem Only occasional relapse

Other Information

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

Please describe the ideal home you would like for this cat:

I hereby relinquish all ownership rights to the animal described above to the custody of PAWS Atlanta for disposition at their discretion. I certify this animal has not bitten anyone during the past 10 days to the best of my knowledge. I also verify that the information provided by me on this document to be accurate and truthful to the best of my knowledge.

Signature _____

Date _____