

Northwoods Humane Society  
PO Box 82, Hayward WI 54843  
715/634-5394

**CAT SURRENDER FORM**

Date \_\_\_\_\_ Notified \_\_\_\_\_ PF \_\_\_\_\_

Please Write Clearly!

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Approximate Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this cat declawed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Has this cat ever bitten anyone: Yes \_\_\_\_\_ No \_\_\_\_\_

How did you get this cat? Shelter/Rescue \_\_\_\_\_ Stray \_\_\_\_\_ Gift \_\_\_\_\_ Friend \_\_\_\_\_

Pet shop \_\_\_\_\_ Abandoned \_\_\_\_\_

How long have you had this cat? \_\_\_\_\_

Why do you want to surrender this cat? \_\_\_\_\_

Has this cat been seen by a vet while in your care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what vet and what name is the pet listed under? \_\_\_\_\_

Is this cat current on vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Anything else we should know about this cat's medical history? \_\_\_\_\_

Has this cat been treated and/or diagnosed with any of the following? Allergies \_\_\_\_\_

Urinary Tract Infection \_\_\_\_\_ Upper Respiratory Infection \_\_\_\_\_ Diabetes \_\_\_\_\_

Thyroid Disease \_\_\_\_\_ Seizures \_\_\_\_\_

How would you describe this cat most of the time? \_\_\_\_\_

How would you describe the ideal home for this cat? \_\_\_\_\_

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

Are there any quirks/habits you are not fond of in this cat? \_\_\_\_\_

How often a day is the cat fed? \_\_\_\_\_

What is this cat's favorite brand of food? \_\_\_\_\_

Is food always available? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the cat litterbox trained? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_  
Please describe the accidents? Urinates outside box \_\_\_\_ Defecates outside box \_\_\_\_  
Urinates on clothing/furniture \_\_\_\_ Sprays on walls/furniture \_\_\_\_  
How often was litterbox scooped? \_\_\_\_\_  
What type of litter was used? \_\_\_\_\_  
Was litterbox covered? \_\_\_\_\_  
If litterbox accidents were an issue, when did they begin? \_\_\_\_\_  
Describe any measures taken to correct the problem. \_\_\_\_\_

How does your cat like to play? \_\_\_\_\_  
Where did your cat spend most of its time? \_\_\_\_\_  
What areas of the home did the cat have access to: Inside only \_\_\_\_ Outside only \_\_\_\_  
Inside at night \_\_\_\_ Inside in cold weather \_\_\_\_ Garage/basement \_\_\_\_ Barn/shed \_\_\_\_  
How does this cat interact with other cats? \_\_\_\_\_  
Has this cat been around kids and if so, how does it interact? \_\_\_\_\_

As owner or agent of the owner of this cat described herein, I do hereby assign ownership to said cat to the Northwoods Humane Society. NHS will become the sole owner of the animal and may care for the animal in any manner the society sees fit. To the best of my knowledge, as owner or agent of the owner this animals HAS NOT BITTEN ANY PERSON, in the last 10 days. Please type your name in the box as electronic authorization.

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Signature

6/2020