



PEOPLE FOR CATS

Cat Owner Surrender Questionnaire

Name of Cat: _____ Date: _____

Age of Cat: _____ Male: _____ Female: _____ Microchipped _____ Breed _____

Spayed? _Yes _____ No _____ Neutered? _Yes _____ No _____

Current owner/caretaker: Name _____

Phone number: _____

Please complete the information below. This will help us better care for your cat and place him/her in a new home

Reason for surrendering this cat: _____

How long have you had this cat? _____

Cat is litter trained: Yes _____ No _____ Sprays _____

This cat lives: Exclusively indoors _____ Indoor/ Outdoor _____

The cat's diet is: Brand _____ Is this cat declawed? Yes _____ No _____

This cat has lived in the same household as: Other Cats _____ Dogs _____

Birds _____ Children _____ Ages _____

Does the cat have any health concerns? _____

Has this cat ever bitten? _____ If yes, why? _____

Date of last vaccinations: _____

Name of Vet/ Clinic: _____

People for Cats
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