

# Feline Rehoming Form



Cat's Name \_\_\_\_\_

What is your animal's age? \_\_\_\_\_

How long have you had the animal? \_\_\_\_\_

## Where did you get your cat? (Circle what applies)

Friend Shelter/Rescue Breeder Pet Store Other \_\_\_\_\_

Is your cat spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use our MHS Veterinary Centers? Yes \_\_\_\_\_ No \_\_\_\_\_

## Why are you surrendering your cat to the shelter? (Circle all that apply)

Behavioral problems Time commitment Family Issues Health Issues Allergies Other

Please explain why you need to surrender your cat in your own words \_\_\_\_\_  
\_\_\_\_\_

## History with Animals

Does your cat have a history of living with dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

How did your cat behave around the dogs in the home? \_\_\_\_\_

Do you think your cat would enjoy living in a home with dog(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your cat have a history of living with cats? Yes \_\_\_\_\_ No \_\_\_\_\_

How did your cat interact with the other cat(s) in the home? \_\_\_\_\_

Do think your cat would enjoy living in a home with other cats? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your cat lived with any other animals? What type? \_\_\_\_\_

## History with Children

Has your cat lived with children? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages \_\_\_\_\_

How does your cat interact around children? (Circle all that apply)

Friendly Playful Shy Afraid Avoids Growls Chases Other \_\_\_\_\_

## Outdoor History

Was your cat allowed outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, was outdoor time supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

## Personality

How would you describe your cat's usual behavior? (Check all that apply)

Friendly to family       Playful       Hides       Couch Potato  
 Friendly to visitors       Affectionate       Vocal       Enjoys being picked up  
 Shy to family       Independent       Quiet       Dislikes being picked up  
 Shy to visitors       Fearful       Lap Cat       Rough player

Are there any special personality characteristics about your cat that a new owner should know? \_\_\_\_\_

\_\_\_\_\_

**What best describes your cat?** (Check all that apply)

Jumps on counters       Darts out the door       Climbs curtains       Asks for petting  
 Scratches wood       Scratches furniture       Enjoys car rides       Gets into garbage  
 Chews items       Chews plants       Begg for food       Plays with toys

## Litter Box History

Does your cat have accidents outside of the litter box? Yes \_\_\_\_\_ No \_\_\_\_\_

How often do the accidents occur? (Circle all that apply)

Daily      Weekly      Monthly      Few times a year      other (please explain) \_\_\_\_\_

Where do the accidents occur (clothing, furniture, other)? \_\_\_\_\_

What type of litter do you use? Clay \_\_\_\_\_ Scoopable \_\_\_\_\_ Other \_\_\_\_\_

What type of litter box do you use? Covered \_\_\_\_\_ Uncovered \_\_\_\_\_ Other \_\_\_\_\_

How often was the litter box scooped? \_\_\_\_\_

## Medical History

When was the last time your cat went to the vet?

A month ago \_\_\_\_\_ A year ago \_\_\_\_\_ More than a year ago \_\_\_\_\_ Has never been \_\_\_\_\_

How does your cat behave at the vet? \_\_\_\_\_

Has your cat ever had surgery? If so what type? \_\_\_\_\_

What type of food does your cat eat? \_\_\_\_\_

Is your cat currently on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Medication \_\_\_\_\_

Staff initials: \_\_\_\_\_

Date: \_\_\_\_\_