



Gaston County Police Department  
Animal Care and Enforcement  
Cat Owner Surrender Questionnaire

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We need your help to find the best possible home for your pet. Please complete the information below as thoroughly and carefully as possible. Your pet will appreciate it!

**General Information**

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Shelter ID# \_\_\_\_\_

Pet's name: \_\_\_\_\_ Pet's age: \_\_\_\_\_ Pet's breed: \_\_\_\_\_

Male:  Neutered male  Female  Spayed female

Is your pet micro chipped? Yes  No  Implanted by whom? \_\_\_\_\_

When implanted? \_\_\_\_\_

Chip #: \_\_\_\_\_

Has your pet bitten in the last 10 days? Yes  No

Why are you surrendering your pet to the shelter? \_\_\_\_\_

If the reason is behavior, list the behavior and the things you have tried to solve it.  
\_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

How long has this pet lived with you? \_\_\_\_\_

**General Lifestyle**

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- Does/has your pet lived in the house? Yes  No
- For how many hours each day does a person interact with your pet? \_\_\_\_\_
- Do you trust your pet loose indoors, unsupervised? Yes  No  If no, why?
- Do you trust your pet outside unsupervised? Yes  No  If no, why?
- Is your pet litter-trained? Yes  No
- Has your cat been around cigarette smoke? Yes  No

**Cats Animal History**

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- What types of animals has your pet lived with? Dogs  Cats  Other: \_\_\_\_\_  
Please describe how they got along. \_\_\_\_\_  
\_\_\_\_\_
- When is your pet not good with other animals? \_\_\_\_\_



### Cat's Animal History continued.....

- What ages of children has your cat lived with?  
Less than 1 year of age  2 years to 5 years  6 years to 13 years  14 to 16 years   
Has not lived with children
- How is your cat toward children?: playful  friendly  tolerant  afraid or shy   
not around children
- Any comments about your cat with children? \_\_\_\_\_  
\_\_\_\_\_

### Health

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- Who is your pet's veterinarian? \_\_\_\_\_ At which clinic? \_\_\_\_\_
- Has your pet been vaccinated within the last year? Yes  No   
If yes, what vaccines? \_\_\_\_\_
- Does your pet have a current rabies vaccination? Yes  No
- Is your pet receiving any form of flea/tick control? Yes  No  If Yes, Please specify what type of flea/tick control. \_\_\_\_\_
- Is your pet on heartworm prevention? Yes  No  If yes, which preventative? \_\_\_\_\_
- Does your pet have an illness or condition we should know about? \_\_\_\_\_  
\_\_\_\_\_
- Is your cat declawed or had its claw surgically altered? Yes  No
- **Any comments or concerns you may have not addressed above**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_