



WAHS is a No-Kill Shelter, Funded by Private Contributors
Phone: 724.222.PETS (7387) 🐾 Website: washingtonpashelter.org

Shelter Address: 1527 Route 136 🐾 Eighty Four, PA 15330
Mailing Address: PO Box 66 🐾 Eighty Four, PA 15330

Cat Surrender Agreement and Background Information

Please take the time to fill out this form accurately, honestly, and with as much detail as possible. This information helps us match your cat with a potential adopter.

Cat's name: _____ Date: _____

Age: _____ Breed/Color: _____

Sex: () Male () Female Check one: () Neutered () Spayed () Not sure () Pregnant

1. Is the cat de-clawed (check all that apply)? () Yes () No () Front paws () All 4 paws () At what age?

2. Reason for Surrender:

3. If this is for cat waiting list admissions, how long do have until you must place the cat?

4. When was the cat's last visit to the veterinarian?

5. Most current vaccination dates:

FVRCP _____ Rabies _____ FELV _____

6. Medical Records attached? () Yes () No 7. Is the cat micro-chipped? () Yes () No

8. Has the cat been tested for FELV and FIV? () Yes () No () Not sure

9. What were the results? FELV () positive () negative FIV () positive () negative

10. Veterinarian name: _____ Vet phone number: _____

11. How long has this cat lived with you?

12. Was the cat adopted from WAHS? () Yes () No

13. If no, how did you obtain the cat? () Another shelter () Breeder/Pet shop () Found/Stray
() Friend/Relative () Newspaper

14. If the cat was a stray when/where was it found?

15. did you file a lost and found report? () Yes () No



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16. Is the cat: Indoor only Outside only Outside on leash Indoor/Outside
17. List age and sex of people that the cat has lived with?
18. How was the cat's behavior around children? Check all that apply.
 Friendly Playful Tolerant Shy Afraid Aggressive Loves Children Hides
 Too much for small children Never been with children
19. How does this cat react to visitor?
20. How would you describe your household environment?
 Active Noisy Quiet Average
21. Which words describe this cat? Check all that apply.
 Playful Rambunctious Affectionate Vocal Aloof Lazy Aggressive Lap cat Shy
 Other, please specify.
22. List Age/Sex/Breed/Size of animals the cat lived with or "none":
23. Which of these animals did the cat get along with?
24. Does this cat use the litter box consistently? Yes No
25. If you answered "NO", has the cat been examined by a veterinarian to rule out physical problems?
26. How often does the cat have accidents in the house?
 All the time Once a day Once a week Never
27. How long has your cat been inappropriately eliminating outside the litter box?
28. If urinating outside the box is he/she spraying (urine found on vertical surfaces)? Yes No
29. What have you tried to help the inappropriate elimination?
30. When did this behavior begin?
31. Where does the cat have accidents?
32. What kind of litter box is the cat used to? Open Covered Self-cleaning
33. What type of litter is the cat used to?
 Clay Scoopable Clumping Recycled newspaper Pine



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34. Does the cat have any physical issues/allergies/medical problems? Please describe.
35. Does the cat need any medication or special diet? Yes No
36. If yes, please describe:
37. What type of food does the cat eat? Dry Canned Other
38. What brand of food does the cat eat?
39. Does the cat eat treats? Yes No Favorite treat:
40. When is the cat fed? AM PM Free fed
41. Approximately how many hours a day did the cat spend unsupervised?
42. Is the cat destructive? Yes No
43. Is so, please describe (scratches furniture/walls, chews wires/cords, etc.):
44. What has been done to correct the problem?
45. Does the cat use a scratching post? Yes No
46. Is the cat accustomed to: Bathing Ear Cleaning Nail Clipping Brushing/Combing
 Being in a carrier Riding in a car Being picked up
47. Has the cat ever bitten anyone? Yes No
48. If yes, please describe:
49. Is there anywhere that the cat does not like to be touched or petted?
50. Is this cat frightened of anything?
51. Does the cat have favorite toys?
52. Does the cat like catnip? Yes No
53. Is this cat a hunter? Yes No
54. Where does the cat spend most of his/her time? Inside Outside Inside/Outside



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55. When inside, where does your cat spend most of the time?
56. If you cat does outside, does he/she: () stay close the house () wander off () fight with other cats
57. Does your cat like to sit on your lap? () Yes () No
58. Does your cat like to be petted? () Yes () No
59. Does your cat like to being picked up? () Yes () No
60. Is your cat afraid of, or uncomfortable with: () women () men () children () infants () none
61. What does he/she do when uncomfortable? () run away () hiss () swat at () scratch () bite
62. Does your cat show aggression towards: () family members () visitors
63. If yes, what does he/she do: () hiss () swat at () scratch () bite
64. What do you do if your cat becomes aggressive?

Name: _____ Date: _____

Address: _____

City/State/Zip/County: _____

Phone Number: _____

Signature: _____