



**UPPER CREDIT
HUMANE SOCIETY**

5383 Trafalgar Road
Erin, Ontario
N0B 1T0

Feline surrender form

Please be advised it could take up to three days to process your intake information. Please wait for staff to contact you about surrendering your pet. Please make sure all information is complete. Failure to complete the paperwork may constitute an automatic rejection. There is a surrender fee of \$50 due upon drop off.

Owner information			
Owner's name:		Date:	
Street address:		Apartment/Unit #	
City:		Postal code:	
Home phone:		Mobile phone:	
Email address:			
Cat information			
Cat's name:		Age:	
Breed:		Colour:	
Gender:	Male <input type="checkbox"/>	Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Is your cat declawed?	No <input type="checkbox"/>	Yes (front claws only) <input type="checkbox"/>	Yes (all claws) <input type="checkbox"/>
Is the cat kept:	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
How long have you had your cat?			
Where did you get your cat?			
Reason for surrender:			
Cat information – preferences and behaviour			
What type of scratching post does your cat prefer? Check all that apply.			
<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal		
<input type="checkbox"/> Sisal	<input type="checkbox"/> Wood	<input type="checkbox"/> Carpet	<input type="checkbox"/> Cardboard
<input type="checkbox"/> Scratches furniture	<input type="checkbox"/> Scratches furniture (this is allowed)	<input type="checkbox"/> Don't have a scratching post	
<input type="checkbox"/> Other			
Does your cat get along with:			
Children:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Other cats:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dogs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



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Cat information – preferences and behaviour (continued)

Indicate your cat's preference for the following:

	Enjoys	Tolerates	Dislikes	Will bite/scratch
Head/neck petting				
Lower back petting				
Touching tail				
Touching paws				
Touching stomach				
Being picked up/held by owners				
Being picked up/held by strangers				
Being brushed				

Does your cat like to play?

Yes No

What type of play does your cat enjoy? Check all that apply.

Chasing things on the floor
 Chasing things in the air
 Playing with owner
 Playing independently
 Likes to play rough with people
 Other

Cat information – health/medical

Has your cat ever been to a veterinarian? Yes No

Has your cat been vaccinated? Yes No **If yes, when?**

What is the name of the vet clinic visited?

Clinic phone number:

Has your cat had any medical issues in the past? Yes No

If yes, please describe:

Does your cat currently have any medical issues? Yes No

