



Surrendered Pet Information Application

This application asks detailed information about your pet's health, behavior, habits, likes, and dislikes. This is helpful for the people considering your pet for adoption and helps us decide what kind of home would be best for them.

This information also helps determine if your pet is a good candidate for our adoption program. Please be honest when answering these questions; let us know if your pet has a history of biting, refuses to use the litter box, has a serious or chronic medical condition, or any other problem so that we can ensure we have the finances and ability to give your pet the care he/she needs.

General History:

Cat's/Kitten's Name: _____ Nickname: _____

Age or approximate age: _____ How old was this cat when you acquired him/her? _____

Breed: _____ Color: _____

Is this cat a ____ Male ____ Female ____ Unsure

Has this cat/kitten been spayed or neutered? ____ Yes ____ No ____ Unsure

Has this cat/kitten been microchipped? ____ Yes ____ No ____ Unsure

If so, chip # _____

How long have you owned this cat? _____

Including your home, how many homes has this cat had? _____

Where did you acquire this cat?

- | | |
|---|--|
| <input type="checkbox"/> Dockery's Amazing Rescue | <input type="checkbox"/> Another shelter: What shelter?
_____ |
| <input type="checkbox"/> Found as a stray | _____ |
| <input type="checkbox"/> Born in my home | |
| <input type="checkbox"/> Friend/Relative | |
| <input type="checkbox"/> Pet store | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Breeder | _____ |
| <input type="checkbox"/> Free-to-good-home ad | _____ |

If we could help you resolve the issues surrounding the surrender of the cat would you be interested in keeping your animal?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes If yes, stop here and speak with a member of the Rescue assistance. | <input type="checkbox"/> No |
|--|-----------------------------|



Please provide details on why you are surrendering ownership of the cat/kitten:

When is the latest date the pet needs to enter the shelter by? *Please keep in mind that rescues often operate off a wait-list due to the high volume of surrender forms received.*

Medical History:

Did this cat receive annual exams by a veterinarian? ___ Yes ___ No ___ Unsure

Name of Vet Clinic: _____ Vet Phone: _____

Clinic Address/Location: _____

Name of Veterinarian: _____

First and last name of owner on records: _____

I agree the Dockery's Amazing Rescue can contact the Veterinarian for current and past medical information regarding this animal. _____(Initial)

Is this cat current on rabies vaccination? ___ Yes ___ No ___ Unsure

Are vaccination records available? ___ Yes ___ No ___ Unsure

Health Condition? ___ Good ___ Fair ___ Poor

Does this animal have any medical problems or previous injuries that require special attention, a special diet, or medication? ___ Yes ___ No ___ Unsure

If so, please explain: _____

Please check all conditions that this cat has been diagnosed with or has been treated for:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Urinary Tract Infection (UTI) | <input type="checkbox"/> Ringworm | <input type="checkbox"/> FIV |
| <input type="checkbox"/> Feline Leukemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Worms |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Other: _____ |

Has your pet had a fecal exam for parasites done in the past year? ____ Yes ____ No ____ Unsure
If yes, when and what were the results? _____

Has your pet been tested for FIV/FelV test in the last year? ____ Yes ____ No ____ Unsure.
If yes, when and what were the results? _____

Is your cat declawed? ____ Yes, Front and Back ____ Yes, Front only ____ No ____ Unsure.

How does your pet react to being at the vet's office?

- | | | |
|--|--|---|
| <input type="checkbox"/> Fine/Normal | <input type="checkbox"/> Needs a muzzle/bag/towel/wrap | <input type="checkbox"/> Reacts poorly to restraint |
| <input type="checkbox"/> Reacts Poorly to other pets | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Needs sedation |
| <input type="checkbox"/> Shy/Fearful | | <input type="checkbox"/> Unknown |

How does your pet react to being transported?

- | | |
|---|---|
| <input type="checkbox"/> Fine/ Normal | <input type="checkbox"/> Escape Artist |
| <input type="checkbox"/> Cries but otherwise fine | <input type="checkbox"/> Can be crated |
| <input type="checkbox"/> Car sick/vomiting | <input type="checkbox"/> Must be crated |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Cannot be crated |

How does your pet react to being bathed/groomed or having nails trimmed?

- | | |
|---|---|
| <input type="checkbox"/> Fine/Normal | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Whines/Cries | <input type="checkbox"/> Nervous but okay |
| <input type="checkbox"/> React Poorly to restraint | <input type="checkbox"/> Needs sedation |
| <input type="checkbox"/> Needs a muzzle, bag, wrap or towel | <input type="checkbox"/> Unknown |

Dietary Habits:

What brand of food did this cat/kitten eat?

- | | |
|---|---|
| <input type="checkbox"/> Premium brand (Science Diet, Eukanuba) | <input type="checkbox"/> Generic brand (Sam's brand, Dollar Store) |
| <input type="checkbox"/> Grocery store brand (Purina, Old Roy) | <input type="checkbox"/> Home cooked diet |
| | <input type="checkbox"/> Prescription Diet – please describe: _____ |

Which of the following does your cat eat?

- | | |
|--|--|
| <input type="checkbox"/> Dry food only | <input type="checkbox"/> Table scraps |
| <input type="checkbox"/> Canned food only | <input type="checkbox"/> Home cooked diet |
| <input type="checkbox"/> Combination of dry and canned | <input type="checkbox"/> Other (Please explain): _____ |

Do you feed this cat/kitten treats? ____ Yes ____ No ____ Unsure

If yes, what kind? _____

How often was this cat/kitten fed?

- | | |
|--|--|
| <input type="checkbox"/> Once daily | <input type="checkbox"/> Other (Please explain): _____ |
| <input type="checkbox"/> Twice daily | _____ |
| <input type="checkbox"/> Food always available | _____ |

Litter Box Habits:

Often a change in environment (family move, new pet, new baby, change of litter type) can cause a cat to use the litter box inconsistently. Please provide us with as much detail as possible regarding this cat's litter box habits. Sometimes litter box issues are the signs of health or behavioral problems (mild or serious) that may be modified or eliminated with treatment from your veterinarian.

Did your cat have access to a litter box in the house?

- | | |
|---|---|
| <input type="checkbox"/> Yes. If yes, how many: _____ | <input type="checkbox"/> No (skip to last question) |
|---|---|

If other cats are in your home, how many cats shared a litter box?

- | | |
|------------------------------|---------------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Three |
| <input type="checkbox"/> Two | <input type="checkbox"/> Four or More |

Did this cat use the litter box?

- | | |
|---|---|
| <input type="checkbox"/> Yes, consistently
(Skip to the last question) | <input type="checkbox"/> Sometimes
If sometimes, how often did the cat make a mistake?

_____ |
| <input type="checkbox"/> No | |

When was the most recent litter box accident?

- | | |
|--|--|
| <input type="checkbox"/> Within the last week | <input type="checkbox"/> Six or more months ago |
| <input type="checkbox"/> Within the last month | <input type="checkbox"/> Has only happened a couple of times |
| <input type="checkbox"/> Six months ago | |

Please describe the accidents:

- | | |
|---|--|
| <input type="checkbox"/> Urinates outside of the box on floor or flat surface | <input type="checkbox"/> Urinates on clothing/furniture |
| | <input type="checkbox"/> Urine marks in the house (sprays walls) |

- Poops outside of the box All of the above

Other _____

If the cat urinates or poops outside of the box, does the cat most often go right beside the box?

- No
 Yes, please describe _____

How often did you scoop the litter box?

- Daily Weekly
 Every few days Rarely

What type of litter box was provided?

- Covered
 Uncovered
 Automatic scooping

What type of litter was used? (Check all that apply)

- Scented Crystals Pine
 Unscented Clay Alfalfa
 Clumping Yesterday's News Sand-like
 Non-clumping (Paper) Other: _____

If litter box issues were a problem, when did they begin?

- In the past month In the past year
 In past six months Ongoing issue

If you have multiple cats, have you witnessed this cat go outside of the box?

- Yes No Unsure

Can you pinpoint an event (a move, new pet, change of litter style, new baby, traveling and not home much, etc.) that may have influenced/triggered poor litter box habits?

Please describe what measures you have taken to attempt to correct this problem.

Has this cat been examined by a veterinarian for his/her litter box issues to rule out any medical problems contributing to the cat not using the litter box? ___ Yes ___ No

If yes, was a urine sample collected and examined by the vet? _____ Yes ___ No

If yes, what was the diagnosis/outcome?

Lifestyle & Home Life:

Was this cat/kitten (check all that apply):

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Indoor/Outdoor | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Outdoors only | <input type="checkbox"/> In the garage or basement | _____ |
| <input type="checkbox"/> Outdoors during the day, in at night | <input type="checkbox"/> Outdoor only for leashed walks on in fenced yard | _____ |
| <input type="checkbox"/> Indoors in cold weather | | |

If indoor only, does the cat try to escape? _____ Yes ___ No

If yes, please describe how often and the usual methods of escape:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Unknown | <input type="checkbox"/> Jumps/Climbs fence |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Opens Doors | <input type="checkbox"/> Escapes harness/leash |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Opens or claws screens | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Darts out doors | |

If/when pet goes outside, it is

- | | | |
|--|--|---|
| <input type="checkbox"/> Not allowed outside | <input type="checkbox"/> Confined Screen Porch | <input type="checkbox"/> Walked on Leash/harness training |
| <input type="checkbox"/> Supervised | <input type="checkbox"/> Fenced in Yard | |
| <input type="checkbox"/> Unsupervised | | |
| <input type="checkbox"/> Play Pen | | |

This cat sleeps (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Inside, on the floor | <input type="checkbox"/> Inside, in bed with children | <input type="checkbox"/> Outside, in a cat house |
| <input type="checkbox"/> Inside, on a cat bed | <input type="checkbox"/> In a crate | <input type="checkbox"/> Outside, on ground or under porch |
| <input type="checkbox"/> Inside, on a chair or sofa | <input type="checkbox"/> In a garage or barn | |
| <input type="checkbox"/> Inside, in bed with adults | | |

Did this cat have access to:

- | | |
|--|--|
| <input type="checkbox"/> All areas of the home | <input type="checkbox"/> Certain rooms only. |
|--|--|

Which rooms: Other _____

Where is your pet kept when he/she is home alone?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Free run of house | <input type="checkbox"/> Kennel | <input type="checkbox"/> Other/Unknown:
_____ |
| <input type="checkbox"/> Separate room | <input type="checkbox"/> Garage | |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Laundry Room | |
| <input type="checkbox"/> Screened patio | <input type="checkbox"/> Outside | |

Please describe how pet reacts to being left alone.

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fine/ Calm | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Nervous |

Is pet crate/kennel trained?

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Partially |
| <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

Were there other animals in your home?

- | | | |
|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Other cat(s) | <input type="checkbox"/> Small Mammals (i.e. Rabbits, Guinea Pigs) | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Dog(s) | | |

Has this cat regularly been around children and if so, how old? (Please choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> 3-4 Children at home | <input type="checkbox"/> Age(s) 7-12Years old |
| <input type="checkbox"/> Not Sure | <input type="checkbox"/> 5+ Children at home | <input type="checkbox"/> Age 13-18Years Old |
| <input type="checkbox"/> 1-2 Children at home | <input type="checkbox"/> Age(s) 0-6Years Old | |

How does this cat interact with children? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Cat was afraid of child | <input type="checkbox"/> Cat bit children |
| <input type="checkbox"/> Mutual affection | <input type="checkbox"/> Child played too rough w/cat | <input type="checkbox"/> Other _____
_____ |
| <input type="checkbox"/> Cat and child played together | <input type="checkbox"/> Cat hissed at children | _____ |
| <input type="checkbox"/> Child chased the cat | <input type="checkbox"/> Cat swatted children | _____ |

If this cat has lived with other cats, how did they interact? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Very affectionate | <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Was picked on by other cat |
| <input type="checkbox"/> Playful and energetic | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Other _____
_____ |
| <input type="checkbox"/> Groomed one another | <input type="checkbox"/> Played too rough | _____ |
| <input type="checkbox"/> Slept near one another | <input type="checkbox"/> Caused each other stress | _____ |
| <input type="checkbox"/> Peacefully coexisted | | |

If this cat lived with dogs, how did they interact? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Adored each other | <input type="checkbox"/> Caused this cat stress | <input type="checkbox"/> Fought without injury |
| <input type="checkbox"/> Avoided each other | <input type="checkbox"/> Played nicely with each other | <input type="checkbox"/> Played too rough |
| <input type="checkbox"/> Cat feared dog | <input type="checkbox"/> Cat tormented dog | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dog chased cat | <input type="checkbox"/> Slept near each other | _____ |
| <input type="checkbox"/> Peacefully coexisted | | |

Has this cat been aggressive towards people or animals, how would you describe the aggression? (check all that apply)

- No, has shown no aggression towards animals or people and I certify that, to the best of my knowledge, this animal has not bitten any person or animal, nor has it shown signs of aggression to any person or animal. _____(Initial)
- Yes, has attacked or bit people, animals, or both.
- Yes, has hissed at or lunged at people, animals, or both.

Please describe in detail any answers of yes:

If yes, please describe the severity of the bite/scratch(s):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Nip/Swat near skin but no contact | <input type="checkbox"/> Deep | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Surface only no broken skin | <input type="checkbox"/> Needed Medical Attention | _____ |
| <input type="checkbox"/> Broken skin | | _____ |

In your opinion, what triggered the bite/scratch(s): _____

Is pet allowed on furniture?

- No
 Yes, freely
 With permission
 Unknown/Stray/Not allowed inside

Personality Profile:

What traits best describe this cat's personality (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Very energetic | <input type="checkbox"/> Playful | <input type="checkbox"/> Play bites |
| <input type="checkbox"/> Active | <input type="checkbox"/> Friendly/affectionate to family members | <input type="checkbox"/> Plays rough |
| <input type="checkbox"/> Active at night | <input type="checkbox"/> Independent | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Docile | <input type="checkbox"/> Dominate | <input type="checkbox"/> Goofball |
| <input type="checkbox"/> Chews on Objects | <input type="checkbox"/> Gentle | <input type="checkbox"/> Hyper |
| <input type="checkbox"/> Behaved | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Scratches |
| <input type="checkbox"/> Escape Artists | <input type="checkbox"/> Lap cat – loves attention | <input type="checkbox"/> Lazy – Couch Potato |
| <input type="checkbox"/> Shy to strangers | <input type="checkbox"/> Fearful | <input type="checkbox"/> Jumps on Counters |
| <input type="checkbox"/> Shy with some family members | <input type="checkbox"/> A loner | <input type="checkbox"/> High Strung |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Other_____ |

What's this cat's most favorite style of play (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Very gentle | <input type="checkbox"/> Likes to play in or around water | <input type="checkbox"/> VERY energetic and rambunctious |
| <input type="checkbox"/> Likes to play rough | <input type="checkbox"/> Cases bugs or lizards | <input type="checkbox"/> Doesn't show a great interest in playing |
| <input type="checkbox"/> Enjoys playing hide-and-peek | <input type="checkbox"/> Likes to play with other cats | <input type="checkbox"/> Likes to play chase or pounce with certain toys |
| <input type="checkbox"/> Will fetch items like toys or bottle caps | <input type="checkbox"/> Likes to play with dogs | <input type="checkbox"/> Other_____ |
| | <input type="checkbox"/> Will learn tricks for treats | |

Please check the options that best describe how your pet reacts to people:

	Men	Women	Strangers	Children	Teenagers	Seniors
Likes						
Tolerates						
Avoids/Nervous						
Hisses/Growls						
Bites/Snaps						
Swats/Scratches						
Chases						
Plays						
Unknown						

Please check the options that best describe how your pet reacts to other animals:

	Familiar Cat	Familiar Dog	Strange Cat	Strange Dog	Small Animals	Wildlife	Reptiles
Likes							
Tolerates							
Avoids/Nervous							
Hisses/Growls							
Bites/Snaps							
Swats/Scratches							
Chases							
Plays							
Unknown							

Does your cat have any of the following behavioral issues?(please check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Scratching Furniture | <input type="checkbox"/> Chewing electric cords | <input type="checkbox"/> Swatting aggressively |
| <input type="checkbox"/> Jumping on Counters | <input type="checkbox"/> Escaping outside | <input type="checkbox"/> Chewing plants |
| <input type="checkbox"/> Spraying | <input type="checkbox"/> Climbing Curtains | |

Does pet enjoy swimming/playing in water? _____ Yes _____ No _____ Unsure

Describe any training? Tricks? _____

Does this cat have any areas of sensitivity where he/she does not like to be touched?

- No
 Yes, Please describe areas and reaction:

What is this cat afraid of? (check all that apply)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Thunderstorms | <input type="checkbox"/> Men o Women | <input type="checkbox"/> Car Rides |
| <input type="checkbox"/> Loud Noises | <input type="checkbox"/> Children | <input type="checkbox"/> Restraint |
| <input type="checkbox"/> Vacuums | <input type="checkbox"/> Strangers | <input type="checkbox"/> Crates |
| <input type="checkbox"/> Being Alone | <input type="checkbox"/> Fast Movement | <input type="checkbox"/> Dogs |



- Cats
- Vet
- Other: _____

What is your cats favorite toy? (please select all that apply)

- Stuffed Mice
- Catnip Toys
- Laser Pointer
- Feather/String Wands
- Plastic Springs
- Balls
- Scratch Pads
- All Toys
- None

Please feel free to add additional comments that you think would be helpful to the Rescue Team staff, potential adopters, or a future owner.

Are you willing or able to help cover the cost of caring for your pet until he/she is adopted.

___ Yes ___ No

Please provide the name and contact details for your current veterinarian

*Name of Vet or Clinic: _____

*Phone: _____ Fax: _____

*Street Address _____

*City _____ *State _____ *Zip _____

Email # _____



Medical Information Release Request

Applicant Name: _____ SSN/License Number: _____

Address: _____ City, State: _____ Zip: _____

Home Phone: _____ Home E-mail: _____

Work Phone: _____ Work E-mail: _____

Regarding the cat(s) described as follows

Name of cat: _____ Tracking/Med. Record Number: _____

Age: _____ Sex: Male / Female Breed/Color: _____

Description:

Name of cat: _____ Tracking/Med. Record Number: _____

Age: _____ Sex: Male / Female Breed/Color: _____

Description:

Name of cat: _____ Tracking/Med. Record Number: _____

Age: _____ Sex: Male / Female Breed/Color: _____

Description:

I hereby certify that I am the owner or the authorized agent of the owner of the above-described pet(s). I hereby request and authorize the release of the requested medical information for my pet(s).

Authorization and Agreement:

Release of Information: I understand that the information provided on this form may be used by Dockery's Amazing Rescues for the purpose of rehoming the cat and may be shared with potential adopters.

Health Records Release: I authorize the release of any available health records and veterinary information related to the cat to Dockery's Amazing Rescues.

Signature _____ Date _____