



**SANTA YNEZ VALLEY
HUMANE SOCIETY**

DAWG Dog Adoption
& Welfare Group

111 Commerce Drive
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Cat Owner Relinquishment Questionnaire

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review. Please complete the following information so we may get to know your pet better and obtain their records from your veterinarian. We are not an open admission facility and once we receive your questionnaire, we will let you know if we are able to set up a medical and behavioral evaluation. Expect to pay a minimum relinquishment fee of \$50.00 per cat. These fees go to helping feed, vaccinate, spay/neuter, and all other care the cat needs before going into their forever home. Please email the form back to info@syvhumane.org.

Your Name (First, Last)		Date	
Address		City, State, Zip Code	
Home Phone Number		Cell Phone Number	
E-Mail Address			
Cat's Name:	Age	Breed/ Mix	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Fixed
Household Type		What is the reason for relinquishing your cat?	
<input type="checkbox"/> Single Cat House <input type="checkbox"/> Multi-Cat House			

QUESTIONNAIRE

1. Is your cat spayed/neutered? YES NO If YES, when? _____
 - a. If female and unspayed, has she had litter of kittens? YES NO If YES, when? _____
2. Are you the first owner? YES NO If NO, how many owners has the cat had? _____
3. Has your cat ever been around dogs? YES NO
 - a. If Yes, how does the cat behave? _____

4. Do you have other pets? YES NO If YES, indicate type/breed(s):

a. Any concerns with the cat and other household pets? YES NO If YES, what concerns?

5. Where did you obtain your cat? _____ How long ago? _____

6. Does your cat have food allergies? _____

7. How does your cat behave around your family? Indicate ages and numbers of adults and children in household.

<i>Human Household Members</i>	<i>Age</i>

a. Around strangers? _____

b. Around children? _____

c. Around other animals? _____

8. Does the cat have any behavioral issues?

9. Where does your cat live? INSIDE OUTSIDE BOTH: _____ % INSIDE _____ % OUTSIDE

10. Is your cat litter box trained? YES NO

11. Can your cat walk on a leash? YES NO

12. Has your cat ever seriously bitten or scratched anyone? YES NO If YES, how many times? _____

Please explain below what happened that caused your cat to bite or scratch someone:

13. What are some of your cat's favorite games, toys, or activities? _____

14. What else should we know about your cat?

MEDICAL

1. When was the last time your cat saw a veterinarian? _____

<i>Name of Vet Clinic</i>	<i>Phone Number</i>

2. Does your cat have any current or past health issues? If so, please explain:

3. Has the cat been tested for Feline Leukemia (FELV) or Feline Immunodeficiency Virus (FIV)? YES NO

a. If YES, when was the cat tested and what are the results? _____

4. Is this cat declawed? No Front De-clawed Back-Declawed Both Front & Back

a. When was the cat declawed? _____

LITTER BOX TRAINING

1. Number of Cats in Home: _____ Number of Litter Boxes in Home? _____

2. Type of Litter Used? Clay-non clumping Clay- Clumping Crystals Pine Other: _____

3. Does this cat always use its litter box? YES NO Cat doesn't have litter box and goes outside

4. Has your cat ever had an accident outside of the litter box? YES NO

a. Is yes, where was the accident? _____

i. Were these accidents Urine Feces Both

5. How often does the cat have accidents? _____

6. How have you dealt with the accidents? Talked to behaviorist Talked to Vet Confinement Kept Outside

7. Has this cat been checked by a veterinarian to rule out any medical problems? YES NO

8. What methods have you already tried to resolve house-soiling issue

BEHAVIORAL INFORMATION

1. Does this cat like to be held? YES NO

2. Does this cat like to sit on laps? YES NO

3. Does this cat have any areas that it prefers not to be touched? No Yes If yes, where?
 Back Tail Feet Ears Neck Face Abdomen Other: _____

4. Does your cat give "love bites?" YES NO
 a. If yes, are these bites Soft Medium Hard

DESTRUCTIVENESS

If you are experiencing problems with DESTRUCTIVENESS, please answer the following questions:

1. What items does your cat destroy? _____

2. Is your cat's destructiveness due to chewing, clawing, or something else? _____

I GIVE PERMISSION TO THE SANTA YNEZ VALLEY HUMANE SOCIETY IN PARTNERSHIP WITH DOG ADOPTION AND WELFARE GROUP TO CONTACT MY VETERNARIAN AND OBTAIN MY PET'S MEDICAL HISTORY. ALSO, BY SIGNING THIS QUESTIONAIRE, ALL OF THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

PRINT NAME

DATE