**Cat Surrender - Questionnaire**

Valley Animal Haven is a managed admissions animal rescue facility and offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters, therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. **If this animal was adopted from Valley Animal Haven, please contact the office immediately and complete the questionnaire. Do not attempt to re-home a Valley Animal Haven animal on your own.** Thank you for your consideration!

**Reservations for Evaluation and Proof of Current Vaccinations are REQUIRED**. Once we receive the completed questionnaire and proof of vaccinations (Rabie, HCPCh, FeLV, etc.), we will contact you within 72 hours to review the information and discuss your options and next steps. If an animal is accepted into our facility, a Surrender Fee WILL apply. Please **DO NOT** bring your pet to the shelter without an appointment, as drop-in’s will not be accommodated.

**I. Contact Information**

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| Your Name: | Primary Phone: |
| E-Mail: | Alternative Phone: |
| Address: | City and Zip Code: |

**II. Description of your Cat & Basic History**

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| --- | --- | --- |
| Cat’s Name | Age | Gender 🞏 Male 🞏 Female |
| Breed and Color | Spayed or Neutered? 🞏 Yes 🞏 No |
| Is your Cat microchipped? 🞏 Yes 🞏 No | Microchip Number |
| Why do you need to surrender this cat? |
| If you have a time limit, when do you need to surrender by? | If we could help you resolve this issue, would you consider keeping your cat? 🞏 Yes 🞏 No |
| Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your cat a new home? |
| Does your cat tend to bite or scratch? 🞏 Yes 🞏 No | If yes, under what circumstances will the cat bite or scratch? |
| How long have you owned this cat? | Including yours, home many homes has this cat had? |
| Where did you get your cat from? 🞏 Breeder 🞏 Friend or Relative 🞏 Valley Animal Haven 🞏 Pet Store 🞏 Advertisement 🞏 Another Shelter: Which one? 🞏 Born at Home 🞏 Found as stray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**III. Family Environment**

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| Please describe the human family members that your cat has ***lived*** with: (*Check all that apply*) 🞏 Adult Men 🞏 Adult Women 🞏 Senior Citizens 🞏 Children (what ages? \_\_\_\_\_\_\_\_\_\_\_)  |
| Do you have children as visitors on a regular basis? 🞏 Yes 🞏 No | If Yes, What ages? |
| Describe your cat’s behavior around children: (*Check all that apply*) 🞏 Gentle 🞏 Friendly / Playful 🞏 Nervous / Frightened 🞏 Unpredictable 🞏 Ignores / Indifferent 🞏 Roughness 🞏 Too rough for children 🞏 Snappy at times 🞏 Watches over them 🞏 Too active 🞏 Actively avoids children 🞏 Never with Children 🞏 Other: (Please Explain) |
| Would you recommend placing this cat in a home with children? 🞏 Yes 🞏 No (if no, explain) |
| Please check all the animals that your cat has ***lived*** with: (*Check all that apply*) 🞏 Male Cats 🞏 Reptiles 🞏 Birds 🞏 Dogs (What Kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞏 Female Cats 🞏 Rabbits 🞏 Farm Animals 🞏 Small Animals (What Kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞏 Other: (Please Explain) |
| Describe your cat’s behavior around other cats: (*Check all that apply*) 🞏 Adores other cats 🞏 Friendly / Playful 🞏 Frightened 🞏 Aggressive with all cats 🞏 Ignores or Indifferent 🞏 Causes this cat stress 🞏 Bossy 🞏 Aggressive with unfamiliar cats 🞏 Good with some cats 🞏 Roughness 🞏 Avoids other cats 🞏 Never been around other cats 🞏 Other: (Please Explain) |
| Would you recommend placing this cat in a home with other cats? 🞏 Yes 🞏 No (if no, explain) |
| Describe your cat’s behavior around dogs: (*Check all that apply*) 🞏 Never been around dogs 🞏 Friendly / Playful 🞏 Bossy 🞏 Frightened of dogs 🞏 Ignores or indifferent 🞏 Roughness 🞏 Stressed 🞏 Aggressive toward dogs 🞏 Other: (Please Explain) |
| Would you recommend placing this cat in a home with dogs? 🞏 Yes 🞏 No (if no, explain) |

**III. Home Environment**

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| Where does your cat live? (*Check one*) 🞏 Indoors only 🞏 Indoors mostly 🞏 Inside & Outside equally 🞏 Only outside with supervision 🞏 Outside and in garage 🞏 Outdoors only |
| How many hours of a ***typical*** day is your cat home alone? (*Check One*) 🞏 None, someone is always around 🞏 Less than 1 hour 🞏 1 – 5 Hours 🞏 5 – 10 Hours 🞏 10+ Hours 🞏 Lived outdoors, never been outside 🞏 Other: (Please Explain) |
| How would you describe your household? (*Check One*) 🞏 Active, Busy or Noisy 🞏 Average 🞏 Calm / Quiet |

**IV. Activities, Play & Behavior**

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| Would you describe your cat as: (*Check all that apply*) 🞏 Friendly and Outgoing 🞏 Active 🞏 Feisty 🞏 Anxious or Nervous 🞏 Playful 🞏 More like a dog than a cat 🞏 Vocal / Talkative 🞏 Shy 🞏 Rambunctious 🞏 Fearless 🞏 Shy only with strangers 🞏 Friendly to visitors 🞏 Aloof 🞏 A scaredy cat 🞏 Lazy 🞏 Independent 🞏 Affectionate 🞏 Lap Cat 🞏 Lazy 🞏 Spiteful 🞏 Solitary 🞏 Other: |
| Does your cat: (*Check all that apply*) 🞏 Use a scratching post 🞏 Like being groomed 🞏 Bite or chew playfully 🞏 Hide from other cats 🞏 Walk on a leash 🞏 Like being held 🞏 Hunts rodents & birds 🞏 Fight with other cats 🞏 Meow a lot 🞏 Play fetch 🞏 Sleep on bed with people 🞏 Scratch drapes 🞏 Chew on plants 🞏 Drool when pet 🞏 Climb drapes 🞏 Scratch carpeting 🞏 Like Catnip 🞏 Jump on counters 🞏 Pounce from above 🞏 Become active at night |
| Describe how your cat likes to play: (*Check all that apply*) 🞏 Gently – no teeth or claws 🞏 Fetches toys and/or small items 🞏 Rough – may bite or scratch in play 🞏 Likes mouse toys and/or balls 🞏 Likes hide and seek 🞏 Likes to chase and pounce 🞏 Likes crackly things 🞏 Learns tricks for treats 🞏 Chases bugs / moths 🞏 Likes feather wands or pole toys 🞏 Likes playing with other cats 🞏 Not much interest in playing 🞏 Other: (Please Explain) |
| Are there any places on your cat’s body it does not like being touched, brushed or petted? 🞏 Yes 🞏 NoIf yes, please explain:  |
| What does your cat do when it has had enough petting? (*Check one*) 🞏 Walks away 🞏 Growls, scratches and/or bites 🞏 No issues, loves being pet! |
| How does your cat react to visitors and/or strangers in your home? (*Check all that apply*) 🞏 Immediately curious of visitors 🞏 Hides, but soon comes to say hi 🞏 Hides, does not come out while there 🞏 Indifferent, goes about normal 🞏 Avoids, but goes about normal 🞏 Rarely have visitors in my home |
| Is your cat afraid of anything? (*Check all that apply*) 🞏 Loud noises 🞏 Vacuum 🞏 Broom 🞏 School aged children 🞏 Babies or Toddlers 🞏 Strangers 🞏 Cars 🞏 Dogs 🞏 Unfamiliar cats 🞏 Unfamiliar dogs 🞏 Other: (Please Explain) |
| What does your cat do when afraid? |
| Does your cat have any bad habits or “quirks”? 🞏 Yes 🞏 NoIf yes, please explain: |

**V. Health & Diet**

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| Has your cat ever been hit by a car or required surgery? 🞏 Yes 🞏 NoIf yes, please explain:  |
| Is your cat declawed? 🞏 Yes - Front 🞏 Yes – Back 🞏 Not DeclawedIf yes, when? |
| Has your cat ever been diagnosed or treated for any of the following by a veterinarian? (*Check all that apply*) 🞏 Urinary Blockage 🞏 Ringworm 🞏Upper Respiratory Infection 🞏 Digestive Problems 🞏 Ear-mites 🞏 Diabetes 🞏Urinary Tract Infection 🞏 Thyroid Disease 🞏 Broken Bone(s) 🞏 Skin Problems 🞏Kidney or Liver Problems 🞏 Tumors or Cancer 🞏 Required Surgery 🞏 None, my cat has always been healthy 🞏 Other illness or condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Does your dog require any medication or a special diet on a regular basis? 🞏 Yes 🞏 NoIf yes, please explain: |
| Is your cat accustomed to: (*Check all that apply*) 🞏 Bathing 🞏 Brushing/combing 🞏 Nail Trimming 🞏 Ear cleaning 🞏 Medicating 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**VI. Review and Certification**

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| By my signature below, I certify that I am the legal owner of this animal. I also certify that the information I have provided on and in connection with this form is true, accurate and complete to the best of my knowledge. I understand that any false statements or deliberate omissions on this document or any other documents that I submit to Valley Animal Haven may be grounds for disqualification for consideration of surrendering my animal to this organization.I understand that submission of the Cat Owner’s Questionnaire is not a guarantee that Valley Animal Haven will be able to make the space needed for my cat. |
| Signature of Owner | Date |

**VII. Next Steps**

Thank you for taking the time to complete this Questionnaire. This information is key to helping us help you and your pet. Please submit the following to Valley Animal Haven for review and consideration:

* Completed & Signed Cat Owner’s Questionnaire
* Any Medical and Vaccination Record
* Current Picture of the Animal

Submissions may be made by emailing us at valleyanimalhaven@gmail.com or by mail or in-person to:

 Valley Animal Haven

 990 E. D Street

 Lemoore, CA 93245

 **ATTN:** Intake Department

Please allow 72 hours for our Staff to review your request and determine how to help you and your pet. Please note that Valley Animal Haven will contact you regarding the next steps which may include a temperament evaluation or a home-visit. A surrender fee may apply.

Should you have any questions or concerns, please contact our office at (559) 997-3601.

Thank you for your cooperation!