

# CCACS CAT INFORMATION & SURRENDER AGREEMENT



**\*Please complete one form for each animal being surrendered.** The core purpose of the CCACS is to promote and practice the principle that every life is precious. CCACS makes every attempt to find safe and loving homes for the **adoptable pets surrendered to us however, this is not always possible. The detailed and accurate information you provide us makes it easier for us to place your pet in an appropriate home.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/state: \_\_\_\_\_ Zip: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cat's name: \_\_\_\_\_ Age of cat: \_\_\_\_\_ Sex: \_\_\_\_\_

Reason for relinquishing ownership? \_\_\_\_\_

Is your pet spayed or neutered? YES NO Veterinarian's Name? \_\_\_\_\_

Please list any major medical conditions we should know about \_\_\_\_\_

How long has this pet been in your care? \_\_\_\_\_ From where did you get the cat? \_\_\_\_\_

Has the cat had any previous owners before you? YES NO If yes, how many \_\_\_\_\_

Is your cat litterbox trained? YES NO DON'T KNOW

What kind of litter do you use? Scoopable Non-Scoopable Other \_\_\_\_\_

Does he/she occasionally make "mistakes?" \_\_\_\_\_ If yes, when? \_\_\_\_\_

On what surfaces? (ex. bed, clothing, bare floor) \_\_\_\_\_

Does your cat use a scratching post? If so what kind? \_\_\_\_\_

Is he/she declawed? YES NO If yes, front only \_\_\_\_\_ OR front and back? \_\_\_\_\_

Was he/she kept inside, outside or both? \_\_\_\_\_

Does your cat like to be picked up? YES NO DON'T KNOW SOMETIMES

If no or sometimes, please explain: \_\_\_\_\_

How does your cat respond to visitors/strangers? \_\_\_\_\_

Is he/she good with children? YES NO DON'T KNOW If yes, what ages? \_\_\_\_\_

What other animals live in the house? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

(OVER PLEASE)

Is he/she good with dogs? YES NO DON'T KNOW Is he/she good with cats? YES NO DON'T KNOW

If no, please describe the problem: \_\_\_\_\_

Does he/she have any health problems? YES NO If yes, describe: \_\_\_\_\_

Please describe your cat's personality: \_\_\_\_\_

Please list any major or minor behavior problems your cat exhibits (ex: spraying, destructive scratching, etc.): \_\_\_\_\_

Does your cat like to play? YES NO If yes, does he/she have a toy preference? \_\_\_\_\_

By signing this form I agree to release all medical records registered to this animal to the Chippewa County Animal Shelter. To the best of my knowledge, the animal has not bitten anyone within the 10 days immediately prior to the date of surrender and all information about the animal given by me to CCACS is true. I understand and hereby certify that: (i) **I am the true and rightful owner of the animal or animals that I have surrendered this day to CCACS**, (ii) **no other person has any right of property in such animal or animals**, (iii) The decision to put the animal into the adoption program or humanely put to sleep (euthanize) may be made upon arrival. This decision may be made based on temperament, health, age and history, and (iv) **I am conveying full and complete right, title and interest in and to the animal or animals to the CCACS.**

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_