



### Clay County Animal Services

3984 State Road 16 West  
Green Cove Springs, Florida 32043  
Phone: (904) 284-6300  
www.claycountygov.com



## Owner Surrender Form: Feline

Cat's name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Animal ID Number: \_\_\_\_\_  
Owner Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

### LITTER BOX HISTORY

Challenges surrounding litter box usage is one of the main reasons cats are surrendered to Clay County Animal Services. Please help us by giving as much detailed and accurate information as possible.

How long have you had your cat?

How did you acquire the cat?

What is the reasoning for surrendering your cat?

Does your cat have 24 hour access to a litter box in the home? Yes No

If no, did your cat use the bathroom outdoors? Yes No

Is the litter box: Covered Uncovered

Is the cat particular about litter? Yes No

If so, what type/brand? \_\_\_\_\_

Does the cat ever have accidents in the home? Yes No

If yes, please describe the accidents:

Urinates outside the box Urinates on clothing/furniture

Defecates outside the box Sprays on walls/furniture

All of the above Other: \_\_\_\_\_

If litter box accidents were an issue, when did they begin?

Past week Past month Past year Ongoing

If litter box accidents were an issue please list any event(s) that might have influenced or triggered in appropriate litter box use (moving, new baby, new pet). \_\_\_\_\_

If litter box accidents were an issue, please describe the measures you have taken to correct this problem.  
\_\_\_\_\_

Has your cat been to the veterinarian to rule out infection or underlying health issues?

Yes                      No

If yes, what was the outcome? \_\_\_\_\_

**MEDICAL HISTORY (Please bring all medical records with you to your appointment.)**

Has this cat ever had surgery?    Yes                      No                      Unknown

If yes, please explain: \_\_\_\_\_

Is there anything else we should know about your cat's medical history? \_\_\_\_\_

**HOUSEHOLD HISTORY**

Was this cat allowed outdoors?    Yes                      No

If yes, did you have him or her on a harness and leash while outside?                      Yes                      No

How did your cat usually interact with the following in your home?

Cats \_\_\_\_\_

Dogs \_\_\_\_\_

Children \_\_\_\_\_

Unfamiliar adults \_\_\_\_\_

How would you describe this cat's usual behavior? (Check all that apply.)

- |                      |               |             |                 |
|----------------------|---------------|-------------|-----------------|
| Friendly to family   | Very active   | A clown     | Couch potato    |
| Friendly to visitors | Playful Aloof | Withdrawn   | Shy to family   |
| Affectionate         | Talkative     | Independent | Shy to visitors |
| Quiet                | Lap cat       | Playful     | More like a dog |
| Fearful              | Fearless      | Solitary    |                 |

When playing does your cat ever bite, scratch or exhibit behaviors you would consider rough?

Yes                  No

If yes, please Explain: \_\_\_\_\_

Where does this cat like to sleep?

- |                     |                |               |
|---------------------|----------------|---------------|
| On furniture        | In his/her bed | With a person |
| Anywhere sunny/warm |                | No preference |
| Under furniture     | Other: _____   |               |

Does your cat have a favorite toy? \_\_\_\_\_

What kind of food does your cat eat? \_\_\_\_\_

What kind of treats does your cat like? \_\_\_\_\_

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_